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## The Treatment of Rectal Ulceration, with Report of Cases.

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The subject of this paper is one not replete with a mass of new developments, but one brought to your notice more because it is a condition so often overlooked, so often made light of and so often utterly disregarded, and yet it is one so amenable to treatment properly applied that I think it unscientific to longer neglect it. Asking therefore, your forbearance we shall proceed to consider its classification, pathology, etiology, closing the paper with the treatment which in my hands has been followed by the most satisfactory results. In the study of rectal ulcers we usually find the following varieties, viz.: Simple, tubercular, dysenteric, venereal, rodent, those due to the stricture of the rectum, and those due to sloughing. Some authors give place to a variety called scrofulous, but this variety is usually included under the tubercular class.

### PATHOLOGY.

The pathology of rectal ulceration is similar to ulceration found in other parts of the body. The pathological processes involved in the formation of ulcers differ according to the causes which lie at their foundation. When the ulcer is caused by the constant irritation of some spot by mechanical or chemical means, congestion and œdema first take place with a thickening of the epithelial layer, and increased growth of the cells, but accompanied by a diminished hardening of the outer layers so they fall off more readily and thus expose the papillary layer. The latter already exposed and full of leucocytes is attacked by suppuration and the defect spreads in depth and width; but the irritation may act in a different way resulting in the collection of serum beneath the epithelial layer, lifting it from the tissues beneath, thereby forming the pustules. When the covering of the latter is removed a superficial loss of substance takes place and an ulcer of the skin or mucous membrane is the result.

SIMPLE ULCER.—A microscopical section of a simple ulcer presents a thickening of the malpighian layer as we approach the ulcer and an enlargement of the blood vessels; some œdema of the connective tissues and an infiltration of the latter with small round cells which grow smaller and more numerous until they fill the entire tissues and pus cells are produced. When the ulcerative process has ceased to extend, some organization of the products of inflammation begin to take place, and new connective tissue forms, especially about the blood vessels, the contractions of these new tissues as they grow older produce that dense and hard layer which surrounds and underlies the chronic ulcer.

Ulcers of the mucous membranes differ from the above from the fact that there is less tendency to the production of connective tissues and entire regeneration of the membrane is more frequent than that of the skin.

TUBERCULAR ULCER.—The bacillus of Koch has been detected in local tubercular deposits. The ulceration follows upon an infiltration of the skin and mucus membrane with a lupus material consisting of crowded round and occasional giant cells forming nodules; but the ulceration is not usually so extensive as the deposit and the border of the ulcer is thickened and surrounded by small nodules to a considerable extent.

VENEREAL ULCER.—The primary ulcer of syphilis shows that the tissues surrounding the ulcer after loss of substance are thickly nfiltrated with the small round cells, which

lie in a close net-work of connective tissue fibers. The infiltration soon invades the blood vessels which are occluded to a certain extent by the new tissues which surround them. The secondary and tertiary ulcers of syphilis resemble the simple ulcers with the exception of the greater amount of small cell infiltration and slighter tendency to suppuration.

CHANCROID ULCERS.—Microscopical appearances of this lesion are those of an inflammatory lesion, dilated blood vessels, serous exudation, infiltration of the tissues, with large quantities of round cells which tend to form pus, and abundant infection of the whole with septic and pus forming bacteria.

I have given only a superficial part of the pathology of ulceration but I neither have the time or space to give more attention to this part of the paper.

ETIOLOGY.

In this connection we shall consider a few diagnostic points along with the etiology since they are so closely allied.

SIMPLE ULCERS.—Simple ulcers are the ones we have to deal with in the majority of cases, and they are most always the result of some traumatism; the most frequent cause perhaps is an injury done to the rectum from the passage of hardened fæces; from this cause alone or combined with extrusion from the anus of hemorrhoids, the surface of which becomes ulcerated by the constant passage of hardened fæces. From this you can readily see that constipation plays a very important part in the formation of rectal ulcers.

Another frequent cause is the presence of foreign bodies in the rectum as fish bones, date stones, and other substances which have been swallowed. Ulceration of the rectum is often the result of surgical operations for hemorrhoids by the injection method, or from other preparations about the anus. I have had a number of cases come under my observation which were the result of surgical interference, or unsuitable application to rectal and anal diseases. A very severe form of ulceration is occasionally met with as the result of pressure of the rectum between the head of the fœtus and sacrum during parturition. Any of the above causes may result in what is known as an *irritable ulcer*.

This form of ulcer differs from a simple ulcer in the same locality, only in the fact of its irritability. Any sore within the grasp of the external sphincter may become an irritable one. A fissure or simple ulcer may be painful at one time and painless at another, or painful in one person and painless in another. The irritable ulcer is usually found in nervous and in persons who have a neuralgic tendency. This form of ulcer is usually found at the posterior commissure, although it may be found any where in the anal circumference, and you may find two or three of them, seldom more. They are more common in the females since they are more liable to constipation, and their skin is finer. These ulcers are not confined to any age, in some cases they have the appearance of a simple erosion but in the majority of cases they are not accompanied by the discharge of pus. They are often accompanied by small polypi attached at the upper end which may counteract all curative measures directed to the ulcer alone.

That class of ulceration which results from surgical operations, or foreign bodies is easily recognized. Those which result from acute and chronic eczema or pruritus is due to injuries inflicted by the nails and is usually recognized with ease. We may have many and varied appearances of the simple ulcer yet the diagnosis of each from the other, and the whole from those which follow will not generally be found difficult if proper attention be given to the history of the case, the appearance of the lesion and its course. In order to do this you must have a good view of the ulcer and good light; I prefer artificial light altogether for diagnostic purposes and seldom use any other in my office. The simple ulcer is generally of a healthy type and tends to spontaneous recovery rather than to increase in size.

IN DYSENTERIC ULCERATION the diseased portion of the bowels becomes infiltrated with the fibrinous exudation and as a result of the pressure the parts becomes necrosed and we have a slough form. If it be deep we will have the usual cicatrix formed while if it be only superficial the mucus membrane may regain its former state. This form of ulceration may be found anywhere in the intestinal

canal, and if it should be very extensive it may result in stricture, or perforation of the intestine.

TURBERCULAR ULCERATION.—We have two varieties of ulcerations met with in persons of a tubercular diathesis, viz.: one due to the actual deposits and softening of the tubercle, the other a simple ulceration containing tubercle but modified by the patient's general health. The former is called *tubercular ulceration*, the latter, the *ulceration of the tubercular*.

The former is very rare and its usual site is about the margin of the anus, its surface is of a pale red, devoid of healthy granulations, and you have the absence of pain; all remedies applied locally to this form of ulcer fail to do any good. The latter form of ulcerations is a simple ulcer modified by the condition of the patient's health.

VENEREAL ULCERATION.—The most frequent form of venereal ulceration of the rectum that we have to deal with is the *chancroid*. We find it much more common among females than males, for the reason that they are more liable to be infected during copulation from the proximity of the parts. They are usually found around the anal orifice or just within the margin of the anus, their tendency is to get beyond the internal sphincter. The class of women on whom they are found will assist us in making our diagnosis.

CHANCRE.—True chancre of the anus is occasionally met with. They are found in the female more frequently than in the male, for the same reason that we find the chancroid the more frequent in the female. When you find a true chancre in the male it means sodomy, or in other words he has been having intercourse in an unnatural way. Chancre may sometimes be mistaken for a fissure, but the hard raised margin and indurated base will ordinarily be sufficient to base our diagnosis upon; but if we should be in doubt possibly the best thing for us to do would be to wait for secondary symptoms. Form of venereal sore about the anus which may be mistaken for a simple ulcer is the *mucus patches*, but if you can find like sores on the mucus membrane of the mouth and throat you can be reasonably certain that it is the mucus patch of syphilis.

TERTIARY SYPHILITIC ULCERATION may occur about the anus and rectum; in these cases we can usually make our diagnosis by getting the patient's history; this form of rectal ulceration is one which in the great majority of cases, produces stricture.

RODENT ULCER is a very rare disease but one which is occasionally met with in the rectum. In my experience I have never seen but one case. And the physician in these cases usually makes his diagnosis after using the various remedies which may be suggested to his mind, but which do not have any curative effect upon this form of ulcer. In some respects it resembles the phagedenic chancroid.

Stricture is sometimes the cause of ulceration of the rectum, as the result of the obstruction which it causes to the passage of the fæces, and the pressure on the blood vessels, resulting in ulceration. Of the many forms of ulceration which we have been considering thus far in this paper, some of them may almost certainly be excluded from their great rarity, viz.: the true chancre, the rodent ulcer, and the tubercular deposit.

Before proceeding with the treatment of rectal ulceration, I would like to say a few words in regard to the prognosis of rectal ulceration. It has been my good fortune to see a very large number of this form of ulceration both in my work as a rectal specialist, and in my hospital experience; having been house surgeon in the New York Post Graduate Medical School and Hospital for about two years, where Doctor Kelsey the famous rectal specialist does a larger part of his clinical and private work besides being associated with a number of other prominent surgeons who do a great deal of rectal surgery. And I can assure you that in nearly all cases of rectal ulceration we can make a very favorable prognosis, the only point to guard against is not to commit ourselves by telling our patient that they will recover in any given length of time. For in my experience some cases of severe rectal ulceration will disappear under proper treatment in a few days, while other cases which have a very similar appearance will require months of treatment before they are cured.

TREATMENT.

In considering the treatment of rectal ulcer-

ation, we shall first deal with the simple from leaving the more severe or aggravating until, the latter part of this paper. In the treatment of this condition there are two things which I would like to impress upon your mind namely, always keep the bowels in a laxed condition so that they will move at least once a day. The other is to always keep the parts clean? You can best do this with a soft sponge and warm or cold water. When we expect to examine or treat a patient we should have him on the morning previous to coming to our offices take a laxative, and one hour before the time we expect to make the examination or treatment have him take an enema of soap suds and go to the water closet and remain there until everything has passed out. And in this way we will very often miss an accident which if these precautions are not taken will occur, both to the discomfort of the patient as well as to ourselves.

The treatment of simple ulcers and fissures about the anus or rectum should be preventive in those persons whose skin is very fine and liable to crack. Have them wash the anus daily with soft sponge and water in this way keeping the parts entirely clean. When the parts are thoroughly dry have them dust the subnit. bismuth over the part, and advise them to avoid anything which will irritate the anus as the use of printed and stiff paper after defæcation, for this is a very frequent cause of fissure and ulcer about the anus.

If we should have a simple ulcer or a fissure which will not heal by cleanliness we will find the nitrate of silver very valuable. I never use the stick nitrate of silver but use the silver in the form of a solution, using ten to fifteen grains of the nitrate of silver to the ounce of water. Then take a camel's hair brush and paint the surface of the fissure or ulcer with this twice a week, and by taking the precaution of keeping the bowels in a lax condition we will get some very flattering results. This form of treatment is the one which is the most highly recommended by the various authors. Prof. Kelsey uses this almost exclusively in the simpler forms of ulceration.

In his work he cites fourteen cases cured by this means, not picked cases but cases taken in their order from his note hook. It might be of interest to you to give the process of treatment and a history of a limited number of those cases.

Case 1. Dr. H. went to his office with the expectation of having the sphincter dilated,but on examination the doctor found a small fissure in the post commisure. This was painted over with a solution of silver nitrate ten grains to the ounce, and the patient told to return next day. Patient returned, found the doctor so busy, could not wait, but said he would return if he had any further trouble. The doctor was met on the street a few weeks afterwards and said he was entirely well.

Case II. Male, had fissure for two years with great pain about the anus accompanied by marked constitutional disturbances. Patient recovered after a few applications of the silver solution.

Case III. Miss ——, aged 45 had been troubled with fissure for several months, cured by three applications of silver solution.

Case IV. J. S. ——, had been operated on three months previous for hæmorrhoids, has severe pain, and bleeds during and after stool. Patient had been treated by the stick nitrate silver. On examination the doctor found a fissure which looked like it was the result of the wound not healing. A few applications of silver solution caused this to heal.

Case V. Dr. J. J.——; troubled with pain after stool for eighteen months; the doctor found a cutaneous tag posteriously with a fissure at the base of it. The tag was removed and a silver solution was used every three days, and the patient made a good recovery in a few weeks.

There is such a similarity in these cases that I will not take up your time in reporting more of them. On examining a patient and finding fissure or ulcer accompanied by *polypi* we sould always remove them. For if we do not the measure directed toward the cure of the fissure or ulcer will be useless. If I find an ulcer with thickened base and indurated edges I often apply nitric acid once, following this up by painting the surface of the ulcer every few days with a silver solution or with the balsam of peru, which I think is to be preferred. In the treatment of simple ulceration of the rectum, my favorite application is the

*balsam of peru.* My attention was first called to the efficacy of this drug in stimulating granulations in the healing of wounds by second intention, while in the Post Graduate Hospital. There I used it to stimulate wounds which had not healed by first intention, and found it very valuable for the treatment of this condition. Of late I have used it a great deal in treatment of simple ulcers and fissures of the rectum. I use it as a local application to the diseased part after the bowels have been emptied, and the surface of the ulcer thoroughly cleansed. If you will pardon me for taking up so much of your time, I will record a few cases which have recovered after this mode of treatment:

Case I. Mr. B——, male, age 51, had been suffering pain about the anus, especially during stool, for several months. On examination I found what is known as an irritable fissure in post commisure. I applied the balsam of Peru three times a week for three weeks, at the end of which time the patient had entirely recovered.

Case II. Female, aged 24, prostitute, on examination I found a number of small fissures about the anal circumferance. The patient had syphilis. I put her on the constitutional treatment and made local applications of the balsam of peru to the fissures. At the end of eight weeks the fissures had all disappeared. Whether the constitutional treatment produced this cure or whether it was the result of the local application of the balsam of peru I shall leave you to judge.

Case III. Young man, musician, complained of a very annoying itching about the anus, and pain before and after stool with the occasional passage of blood. On examination I found a large ulcer just within the internal sphincter. I cleansed the part thoroughly every other day and applied the balsam of peru over the surface of the ulcer, told him to keep the bowels open, and at the end of six weeks the ulcer had disappeared.

Case IV. Merchant, complained of uneasiness about the anus when he was on his feet all day. On examination found a very small ulcer just within the external sphincter. Patient recovered after four applications of the balsam of peru.

Case V. Male, age 30, lamp trimmer, complained of an intolerable itching about the anus and perineum. On examination found the patient had a very aggravating form of pruritus about the anus and scrotum, also found a discharge of mucus from the anus. Placed the patient under an anæsthetic and dilated the sphincters and found a large ulcer about an inch and half above the anus. Touched the ulcer with nitric acid, after thoroughly cleansing the parts. In dilating I made a number of small fissures about the anal margin, to which I made the local applications the balsam of peru three times a week. For the ulcer up in the rectum I had the patient take an injection daily, consisting of the balsam of peru three drachms, glycerine one ounce, boracic acid, three drachms warm water three pints. After mixing them well, I had the patient stay in bed a good portion of the time and did not let him walk about except when it was absolutely necessary. The patient made a very good recovery at the end of three weeks. For the pruritus I used the carbolic petroleum. *The main feature in the treatment of ulcers high up in the rectum* is to keep the patient quiet. I have seen many other good results from the use of the balsam of peru, but do not think it prudent to take up more of your time with this drug, but I would be glad to have some of you try it and if convenient let me know what success you may have with it in these cases.

Before proceeding further with this paper I wish to report two case of severe rectal ulceration which came under my care and which was the result of the physicians trying to apply the stick nitrate silver to ulcerations beyond the external sphincter. In both of these cases the speculums were forced out of the rectum and the sphincter grasped the silver and in one case it was some time before the physician sufficiently quieted the patient so that he could remove it. To these I used a simple dusting powder consisting of bismuth, iodoform or tannic acid, every three days, after the parts were thoroughly cleansed. Both patients recovered after a few weeks of the above treatment.

If you wish to use silver about the anus or rectum it is best to use it in the form of a

solution and paint the diseased parts with it, using a camel hair brush or a little cotton on the end of a probe. In the treatment of rectal ulcerations of different kinds we often find the suppositories a very convenient way of applying different medications, since they can be introduced without very much inconvenience, the only point to be observed is to have them made of a menstrum which will dissolve at the heat of the body. Another very convenient way of applying medications in this locality is by the *rectal ointment applicator*, which has a large base and tapers towards the end and has a number of small holes in it, in the back part of the reservoir is a screw which when turned inward forces the ointment out and as you withdraw it the ointment is smeared on all sides of the anal circumference. In speaking of the more severe forms of rectal ulceration, if we find an ulcer with thickened edges an indurated base high up in the rectum, the best thing we can do in my opinion, is to keep the patient quiet, and use an enema every other day containing glycerine and the balsam of peru. We will often find the nitrate of silver, 30 grains to three pints of water in the form of an enema, twice a week a very valuable remedy also. Dr. McKenzie reports five cases cured by this latter remedy. One of them being of two years standing. If the ulcer should be within the grasp of either of the sphincters and failed to respond to the various local applications the best thing to do is to divide the fibers at the base of the ulcer down to the healthy tissues. You will find it rarely necessary to divide the entire muscle. The object of this of course is to relieve the spasmodic contractions of the fibers of the sphincter muscles, which is the result of the irritation, and in this way we secure rest. This method is preferable to the more barbarous method of forcible dilatation, which often makes many new fissures about the anus. This operation can often be done without an anæsthetic, by first injecting 5M. of four per cent. of cocaine. Then introduce the finger with probe pointed bistoury pressed flat on the finger and introduce them until you are over the base of the ulcer then turn the edge of the knife towards the ulcer and incise it. I have seen some very happy results following this operation, There are many remedies spoken of in the text books which are used in the treatment of rectal ulceration, but I do not deem them of sufficient importance to give space to them in this paper. I shall briefly refer now to the treatment of the more rare forms of rectal ulceration: The treatment of tubercular ulceration should either be pallative or we should remove the entire deposit with a knife or actual cautery. In the treatment of venereal ulceration you should use the various local applications which have been referred to, and if there is constitutional symptoms of course we should order constitutional treatment. In the case of chancroid sometimes the local remedies fail, and in a case of this kind we will have to resort to the cautery To the rodent ulcer it is usually best to cauterize after you have used the local applications for a reasonable length of time.

Asking your pardon for taking up so much of your very valuable time, I will bring my paper to a close. The diet in treatment of rectal ulcers should be fluid, semi solid or as near as could be obtained, and non irritating food, beef tea. milk, soft boiled eggs, &c.

## Phthisis Pulmonalis.

*Read before the Topeka Academy of Medicine and Surgery, March* 3, 1891.

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PROFESSOR OF DISEASES OF THE CHEST IN THE KANSAS MEDICAL COLLEGE.

Mr. President and Fellows of the Academy:—

The subject of pulmonary consumption has for centuries been considered an opprobrium to medicine. An affection at once challenging the wisest to define, and the most vigilant to alleviate, its precise nature unknown, theory drifted hither and thither as the prevailing current carried it. At one time tubercle was held to be a neoplasm; again, something specific and infectious; again a product of inflammation. Its origin from bronchial catarrh, pulmonary hemorrhage, pneumonia, inhalation of dust, etc., was asserted and denied with equal vigor. Its contagiousness was maintained and rejected in turn, and inheritability,

which long stood as an undeniable etiological factor, has recently failed to escape question.

Out of the chaos of theory and empyricism we have been signaled by a ray of light—the discovery of the bacillus tuberculosis—following which we are in possession of certain data which promise to advance not only the scientific interests of the profession, but the common interests of all mankind. By a single stroke, the old and much debated knot of the nature of tuberculosis was untied and scrofula, that indefinable and unscientific term, is expunged from the nomenclature of modern medicine.

Many obstacles seem to stand in the way of the general acceptation of the bacillus theory of the disease, prominent among which at the very threshold is the question of inheritability. In truth, no fact of experience seems so firmly established as the inheritability of tuberculosis. Day after day the physician sees the disease reap its harvest among the offspring of tuberculous parents; the anemic child, the scrofulous youth and consumptive adult is the rule. How can this axiom of experience be made to harmonize with the bacillus doctrine of Koch? Various solutions have been attempted. The most reasonable seems to be that tendencies, not the disease, are transmitted, that the bacillus flourishes in congenial soil, that such is found in the histological formation of the tissues of children of tuberculous parents and that infection after birth in some of the manifold ways completes the formula necessary to constitute the phenomena of the disease.

The cases in which we meet an *acquired disposition* to the malady explain themselves when we remember those weakening influences which so plentifully beset human life; such as insufficient nourishment, unhealthy dwellings, insufficient sleep, lack of fresh air, worry and trouble, care of the sick, etc. Of all none are so potent as lack of fresh air and the insufficiency of outdoor muscular exercise.

In an attempt to point out the means by which an early recognition of pulmonary phthisis may be reached, careful study of the etiological factors is essential. The constitutional symptoms presented in each case,—viz, rapid heart, elevated temperature, with derangement of the digestive functions, are of the greatest importance and are familiar to us all.

As *signs*, we see the long, flat thorax, scant antero-posterior diameter, prominent scapulæ and clavicles due to scantiness of soft tissues and sinking in of chest wall over sunken apices. Flatness of chest and smallness of antero-posterior diameter are important signs, which held in remembrance with the fundamental law—i. e., *Never base a diagnosis on any single symptom, but always on the totality of evidence*—must be held as invaluable.

Another item which is often lost sight of in the physical examination of the chest is the comparison of the height of the two apices. Remembering that a large proportion of cases suffer first invasion at this point, and the fact that in healthy chests the uniformity of their height is almost universal, the great value of comparison is at once apparent.

But why, it will be asked, do we dwell so long on a matter of *evidence*, in a case in which the culprit has been forced to walk into open court, make full confession and is now in process of execution at the hands of the lymph dispenser—*a la instrumentum hypodermaticum?* Why dwell upon signs not infallible when the microscope settles it all in a positive manner? Not only so but 'tis now claimed that in *lymph* we possess an agent valuable in diagnosis, &c., that injecting the tuberculous individual, a certain reaction results which is pathognomonic and is not met with in the non-tuberculous. The inference from all this would appear to be that concerning consumption of a tubercular character we need no longer study hereditary tendencies, predisposing causes or climatic conditions, but provided with a bottle of lymph and an hypodermic syringe we can walk forth as conquerors. Though this may appear to be true it is extremely fallacious; for however valuable the discovery of Koch may be in the matter of diagnosis, it were worse than folly to expect to combat successfully the disease by antagonizing the bacillus or even by destroying him.

We are, however, enabled to exclude tubercle in chronic lung disease on account of continued absence of the bacilli from the sputum. The diagnosis of simple, chronic inflammation of the bronchi and pulmonary tissues,

peri-bronchitis, pulmonary syphilis, etc., has indeed only now been made possible. Thus our investigations have been directed into new paths which promise to lead us to more certain results.

In the matter of treatment of tuberculous consumption, I desire to amend and cause this part of the title to read—treatment of the consumptive.

Whatever may appear to be the materies morbi, it must not be forgotten that the disease is one induced by faulty nutrition, and the treatment of the *patient* must not be forgotten in our haste to reach scientific exactness. That old expression of Graves is as suggestive to day as ever, that "it would be a great help if we knew how to make a person consumptive for by pursuing the opposite course we would be able to prevent phthisis." Since modern research has placed faulty nutrition as the underlying cause, the key-note in the management is sounded and our highest office fulfilled, when, in the fullest comprehension of the meaning of the term, applying it to each individual case, we correct the errors in nutrition.

Applying the principle to parts involved, it means fresh air and out-of-door, muscular exercise, free expansion of the chest, regular habits, a generous diet, dry atmosphere and the attendance upon details with which it is beyond the province of this paper to deal.

## Tubercular Laryngitis.

*Read before the Topeka Academy of Medicine and Surgery, March* 3, 1891.

BY C. H. GUIBOR, M. D., TOPEKA.

PROFESSOR OF LARYNGOLOGY AND RHINOLOGY, IN THE KANSAS MEDICAL COLLEGE.

Mr. President and Fellows:

With the kind permission of Dr. Cazier, I present for your consideration some remaks on Tubercular Laryngitis—definition by Dr. Morrell MacKenzie—"A chronic affection of the larynx, attended by tumefaction and ulceration of the softer structures and frequently by perichondritis and caries of the cartilages, arising from the local deposit of tubercle which, as far as experience goes, is invariably preceded by a similar disease of the lungs."

There seems to be some doubt about the latter statement in the doctors mind, as we find him under the head of etiology, saying: "It is true that it cannot be disproved that the deposit of the tubercle in the laryngeal mucous membrane may not precede that in the lungs; and it is possible that the larynx may be the seat of the disease without the lungs even becoming affected."

Lennox Brown writes: "It is at least fair to infer that, in those cases in which the eye reveals what has become to be recognized as tuberculous laryngitis before the ear detects the presence of tubercle in the lungs, the disease has primarily attacked the former organ" * "and it may now be considered as an accepted fact that the primary tubercular disease may not only attack the larynx but may even cause death without the lungs becoming affected."

At the August, 1890, meeting of the British Association, Dr. Symonds said, "A sufficient number of cases have been recorded by different observers to prove that laryngeal tubercle may exist for a long time without any clinical evidence of pulmonary phthisis."

"Hienzie's dictum that no case of laryngeal tubercle has been found on the post mortum table, unassociated with pulmonary disease is, as all will admit, practically true, but it by no means follows that the pulmonary preceded the laryngeal affection in every instance."

To those here it is an old truth, that laryngeal tubercle is often primary, or, at least when existing, we are often quite unable to discover signs of pulmonary disease. Many such cases have been recorded, and, moreover, some of them have been watched for long periods—some of Heryng's cases, from one to nine years after cure of the laryngeal disease by local treatment. Now if one part can be infected from another, nothing seems more likely than that the lung should be infected from the larynx, the reverse view has often been held, and it has been urged that even tubercle of the tongue is always secondary to that of the lung. But in this instance again we have examples of lingual tubercle in otherwise healthy persons. No one I think in the

face of the large number of cases on record can doubt that the larynx for a long time, may be the only part affected."

"In view of recent pathology it must be our aim to remove as soon as possible any tuberculous deposit, for I am one of those who believe in the infective property of any caseous or tuberculous focus."

Etiology, given in Dr. Cazier's paper, pathology differs only from tubercle elsewhere in difference of structure attacked.

SYMPTOMS.

Respirations, hurried, and embarrassed in latter stages. Voice—hoarseness present in the early stages, and is of a peculiar character; aphonia usually sets in afterwards, but may occur from the very first. Cough, usually a dry hacking cough which later becomes looser and more violent in character. Swallowing is difficult in the earlier stages, and subsequently becomes painful. Expectoration, depends on the condition of the larynx, whether ulceration exists or not, and the condition of the bronchial tubes and lungs. "On laryngoscopic examination (I quote from Seiler,) the color of the mucus membrane throughout is of a peculiar ashy red, very difficult to describe, but never to be forgotten when once seen. The epiglottis is usually thickened and often presents abrasions or shallow ulcers on its free margin,"

"The ventricular bands and the vocal chords are more or less swollen and reddened. The most characteristic peculiarity is an abnormal pyriform swelling of the arytenoid cartilages; and it is frequently seen in the laryngeal mirror before a physical examination reveals lung complication. The arytenoid cartilages appear very large and rounded at their inner surfaces, tapering gradually toward the side of the larynx, until they are lost in the ary-epiglottic fold, their apices entirely disappearing. Often only one of the cartilages is tumified, and it is then generally found that the lung on the same side is affected, while the other lung is still healthy."

"In the advanced states of tuberculosis, we find tubercular deposits in the mucus membrane of the larynx appearing as numerous small round elevations, similar to the enlarged follicles which we observe in follicular pharyngitis." Ulcers in the inter-arytenoid space very frequent, and at various stages of the disease ulceration occurs of vocal chords, ventricular bands and epiglottis.

We have in laryngeal examinations a valuable means of aid in diagnosis of the early onset of phthisis, especially when the physical signs are insufficient, and, if the theory of infection be true, we may hope to prevent pulmonary implication.

With the methods of treatment now in use, we are enabled to modify the old prognosis, to-wit: "It is seldom doubtful and we are not justified in giving other than an unfavorable prognosis, either as to recovery of health or duration of life."

Treatment may be divided into general and local. We shall only speak of the last, as Dr. Cazier has fully covered the former in his paper. One writer has said, "Whenever the epiglottis or the pharyngeal aspect of the larynx is involved, and when perichondrial changes present themselves, the course of the disease rapidly progresses to a fatal issue, and gravely inflence the prognosis which the pulmonic syptoms might otherwise indicate. The cause of such a rapidly fatal termination may be explained by the circumstance that the odynphagia, by preventing the taking of sufficient nutriment, adds the effect of starvation to that of uncomplicated phthisis;" and thus the great object of treatment, nutrition, is interferred with.

In addition to the general treatment as given by Dr. Cazier, we have in local treatment something that gives very positive results. The amenibility to treatment of tubercular lesions, is in proportion to ease of access. What we must endeavor to accompiish is to relieve the pain, remove the diseased tissue and heal the ulcers. By so doing we at least give comfort and prolong life, if we do not save it, and we diminish the liability to pulmonary affection.

METHODS OF TREATMENT.

Inhalations, with the Beverly Robinson Inhaler, of eucalyptus, creosote, terebene, iodine, carbolic acid, &c., fluid cosmoline or albolene or the same disolved in and used with a vaporizer are of benefit in any stage. Sprays are of no great value except for the relief of pain

and in the later stages where active treatment is not desirable. Nothing as yet gives so much satisfaction as a spray of cocaine or cocaine and morphia in relieving the pain and soreness in the larynx, thus enabling the patient to take nutriment.

When the disease has progressed so far that the curette and acid treatment cannot be used then a spray of ten to twenty per cent. of menthol in olive oil or albolene can be used with comfort to the patient. I am in the habit of first using, by spray, a solution of per oxide of hydrogen five per cent. volume. This cleans the ulcers, and then I use the menthol. Applications with brush or cotton carrier of balsam of peru is recommended, also a twenty per cent. solution of menthol in olive oil. The latter has high endorsement. Personally I can speak well of it.

Powders blown into the larynx have their advocates, but have not met the expectations formed of them. Of these iodoform, iodol and aristol give most satisfaction.

SURGICAL TREATMENT.

We exclude tracheotomy and extirpation of the larynx and deal only with the Hering and Krause methods, which briefly, consist in scraping of the laryngeal ulcer and excision of the œdematous tissue, and the application of lactic acid to the denuded part. The procedure is as follows: Having thoroughly cocainized the larynx, thoroughly scrape the ulcer with a curette, or with Krause's cutting forceps remove the ulcer and even the œdematous tissue. As soon as bleeding ceases apply the lactic acid (twenty to fifty per cent. solution) with a pledget of cotton on a probe, the acid should be forcibly rubbed in, as a simple touching is not sfficient. Sometimes a careful rubbing with the acid without the curette gives good results. The operation is painful and the larynx remains sore and uncomfortable for several days after. (It is important that the operator has a bright light when operating.)

After the operation the patient should remain quiet, speaking sould be interdicted, food should be non-irritating, and any tendency to inflammatory reaction checked by the swallowing of cracked ice and cold applications to the region of the larynx.

The operation is contra indicated when active inflammatory process is present, or when the pulmonary disease is far advanced.

CURES.

Heryng reports twenty-seven cases cured out of thirty-six treated. Krause reports seventy-one cases treated, with forty-three cured.

FEEDING.

As I have stated, cocaine sprays will relieve the pain and enable the patient to swallow food. It will also do something else, it will sometimes allow food to pass into the larynx through its anæsthetic effects. When the epiglottis is much destroyed, food passes easily into the larynx, to the detriment of the patient. Now what shall we do? After cocainizing the larynx place the patient in the position as in feeding children during intubation, that is as you are aware, on their backs with the head the lowest, this allows the food to pass back against the pharynx, and they can feed comfortably. This method of position was (I think) first suggested by Dr. Casselberry of Chicago, for inturbated patients, but its application to tubercular laryngeal cases is original with me.

I am sure you will find this method better than rectal feeding or feeding through œsophageal tubes.

DISCUSSION.

Dr. Morgridge opened the discussion. The paper covered the ground in a satisfactory manner. There is very little knowledge regarding the etiology of tubercular affections. It is still uncertain whether it is caused by bacillus or that bacillus is the result of the infection. His observation led him to believe that the disease often commenced in the larynx. Tubercle is made up of three elements. This aggregation of cells is non-vascular. Irritation might bring about a tubercular deposit. The clinical features are different in different cases. One case from same cause may go on to ulceration and another will rapidly get well. The causes must however, have something to do with the results.

Dr. Schenck said the first question is the causation. There is certainly a hereditary predisposition in most cases. It is the connective tissue cells that are affected. Any

cause which leads to degeneration of the tissues will cause consumption. Any great strain upon the vital organs is liable to cause tuberculosis. There are *no bacilli* in acute tuberculosis. Bacillus is not the cause of it, but is a sequel. The one great thought is, that it is a disease of *devitalization*. A dry, equable climate and high altitude promises the most in treatment. Sends his patients to Arizona and New Mexico.

Dr. Minney expressed his appreciation of the paper and said he did not care to discuss any paper unless he had something new on the subject.

Dr. Cazier said in closing, he was rather surprised to not hear a more thorough discussion in regard to the Koch treatment.

Dr. Guibor said in closing, that he did not expect many favorable remarks regarding the new treatment, because the most recent reports were rather unfavorable. The remedy is proving quite as bad in some cases as the disease. Ozone in the high altitudes is the great element of cure. The pneumatic cabinet was invented to take the place of high altitudes when parties were unable to leave home. Had one but was not satisfied with its results. The Soles Cohen inhaler is a valuable instrument—has had a moderate amount of success by using it, can use creasote, iodine, menthol, or any spray one wishes.

## Pathological Condition of the Kidneys In Saccharine Diabetes.

*Read before the Topeka Pathological Society, February* 24, 1891.

BY DR. D. B. COLCORD, TOPEKA, KAS.

The etiology of diabetes mellitus has engaged the attention of the leading pathologists and physiologists since a little more than 100 years ago, when it was first shown clearly that diabetes was not exclusively a kidney disease, as it had been regarded by most physicians since the time of Galen and Aretæus, who described it in the first century.

Rollo noticed the sweet smell and taste of diabetic urine in 1787. His observations were followed by various experiments and theories as to the nature and source of the sugar of diabetic urine up to 1835, when Ambrosiani first demonstrated the presence of sugar in the blood.

The brilliant experiments of Claude Bernard in 1848 and 1850 stimulated the researches of his opponents, as well as his followers and the result has been that a flood of light was thrown upon this obscure and obstinate disease.

By the experiments and researches of Schiff, Harley, Claude Bernard, Pavy, Roberts and others, it has been demonstrated that glycosuria may be produced by irritation of or injuries to the floor of the fourth vertricle, or by injuries or diseased conditions of certain portions of the brain or medulla oblongata. Also by injuries to the liver, certain portions of the spinal cord, and of the sympathetic nerves, and by the actions of certain poisons and irritants.

The amount of sugar in the urine is influenced by—

First—Too rapid digestion of starch.

Second—Failure of glycogenetic function of the liver.

Third—By increased glycogenic transformation.

Fourth—By lessened combustion of sugar or sugar products in the muscles and other tissues of the body.

We have then brought to the kidneys an abnormal amount of sugar in the blood, and generally an increased amount of nitrogenous waste material to be eliminated, as a result of the forgoing conditions, and the object of this paper is to show its effect upon the kidney structure.

I have been able to collect and tabulate the reports of post mortem examinations of 644 case of diabetes mellitus.

The conditions of the kidneys were noted specifically in 241 of these cases. In the remainder they were either reported as healthy or only the gross appearances were noted as large, soft, œdematous swollen, &c.

Of the 241 cases where the specific changes of the kidney substance is noted, 68 are reported as hypertrophic; 52 as hyperæmic; 94 as cases of nephritis; 17 as having fatty de-

generation; 7 had epithelial accumulation; 2 had cysts, and 1 multiple abscess. These cases have been collected from the following sources, namely, Greisinger, Meyer, Dickenson, Seiger, Burwell and the Berlin Pathological Institute.

Murchison, who discusses at large the effect of diabetes on the liver, throws no light on the pathology of the kidney.

Wagner says, there is found frequent hyperæmia, hypertrophy and parenchymatous inflammation, but cites no specific cases where these lesions have been found.

Senator says ordinarily they (the kidneys) are large, being firm and hyperæmic.

Beale has shown that in some cases of death from diabetes the kidneys contain an abnormal amount of fat.

Senator declares, that the interstitial cell infiltration and the new formation of connective tissue, which are found in diffuse nephritis, have not been found by any known microscopical observations in the enlarged kidneys so common in diabetes.

Another recent author says, the renal arteries and tubules are dilated, epithelium of tubules, swollen and interstitial tissue œdematous affected infiltration. It is a question whether the hypertrophy often found in diabetic kidneys, is caused by the increase in size of the excreting cells, from increased functional activity, or whether it is due to morbid degenerative processes. It is still a mooted question whether the increase of the excretory function is due to cell irritation or to central nervous influence, or whether it is simply from increased mechanical pressure.

Virchow and some of the later pathologists are inclined to the theory of independent cell vitality, and would regard cell irritation as the cause of increased activity and hypertrophy.

In cases of diabetes insipidus, where there is no increase of morbid materials in the blood the condition of the kidneys is found to be markedly different from the cases noted above. In the cases recorded where post mortem examinations have been made, the lesions found are atrophy and glandular, destruction or degeneration, with sometimes multiple abscesses.

In two cases out of ten recorded by Roberts the kidneys appeared healthy, except some congestion of the malpighian bodies. The epithelial cells are in no case cited as being enlarged or hypertrophied.

From the study of these cases and observations the following conclusions have been deduced:

First—That the excretory function of the kidneys may be greatly increased for a long period without marked structural changes.

Second—The predominant alterations in structure, where morbid changes occur are those of hypertrophy or hyperæmia.

Third—Interstitial changes are rare, and the atrophic condition so often found in Bright's disease is seldom or never met with in uncomplicated cases of diabetes mellitus.

Fourth—Fatty degeneration of epithelial cells occurs in a certain proportion of cases and is generally accompanied by the same degenerative process in other organs.

## The Present Status of Abdominal Surgery.

BY JOSEPH PRICE, M. D., PHILADELPHIA, PA.

[Reprinted from Transactions of the Medical Society of Virginia, 1890.]

The progress of abdominal and pelvic surgery has so far advanced within the last decade, that, from occupying a doubtful position both as to practicability and justifiability, it is now recognized as holding easily the vantage ground of both refinement and attainments. It has vanished opposition and won over its opponents; it has grafted its exact methods of procedure upon all other branches of surgery, and so lent its refinements to their advantage; and lastly, it has, by overthrowing traditions and fables of surgery, given valuable aid in the line of therapeutics in determining where surgery must begin and medicine end in a line of diseases hitherto considered almost entirely outside the domain of else than physic.

I have deemed it fitting to discuss this subject here at this time because, here in the person of Ephraim McDowell, in Rockbridge county, abdominal surgery was born more than a century ago. Born in Virginia; buried in Kentucky; his resting place is marked by

a shaft of Virginia granite; but the monument of his fame is everlasting, though the inscriptions thereon be effaced and the granite crumble, in that dying womanhood and suffering humanity, to the end of time, must rise up and call his genius blessed, that has delivered them.

The question is often propounded at the present day, "To which branch of surgery must be accorded the first place? which branch is most indebted to the others for its advancement? in which are the most difficulties to be anticipated during the progress of an operation?" Now, it is easy in any specialty to set up and defend a number of points, from which it would appear that this or that specialty may claim prominence. It is easy for the general surgeon to say that in the vast variety of accidents and pathological processes met variously in the body, the difficulties of general surgery are easily in the van. The argument is however fallacious, for though the number of organs and parts dealt with by the general surgeon may, for the sake of arguments, be granted to be greater, nevertheless, the relations of these parts, on the average, is not so intimately concerned in the vital processes as those of the abdomen. To ligature an artery, carotid or femoral outside of the body, easily exposed and kept so, is an altogether different matter from tying a vastly smaller one in the pelvis. The methods of procedure in all the ordinary surgical operations, major or minor, are for the most part a matter of accepted method from the well-known relations of the parts. In abdominal and pelvic work, however, routine—except in reference to instrumental preparation and cleanliness—is not possible, for no operation can be taken as a type of any other, and the complications of one cannot be estimated by the accidents of another. The only thing to rule out failure is to be prepared absolutely for anything, from complete packing of the pelvis to control hæmorrhage, to the resection of intestine, removal of kidney, or the uterus.

With this understanding of abdominal surgery, it is not difficult to see that what promises to be the simplest operation may turn out the most difficult, and that the terms are only of an average; the requirements of this branch of surgery are *facile princeps* in requiring a special training and its difficulties especially its own. To say that a general surgeon without such training can do such work, is to argue that he can just as well do eye work or brain surgery. That now and then a general surgeon has excellent results in this special work, is no more argument than special surgeons are not required in it, than to hold that because Blind Tom has mastered the technique of music without lessson or instruction, he is not an idiot, and there is no science of music. It is clear then that the work of abdominal surgery is distinctive. Let us now consider briefly the procedures pertaining to it, and the approved methods of dealing with the many pathological conditions encountered.

We may start with *pelvic abscess*. Here the radical abdominal interference is especially to be compared with the old (and by some still followed) method of vaginal puncture. Vaginal puncture is a dangerous procedure, in that it cannot be told what organs are involved in the abscess wall. The abscess again may be multiple, and therefore, puncture will only open a single cavity, and may leave three or four untouched, and the difficulty of the case be left unsolved. To say that these abscesses are often outside of the peritoneum is no argument against the abdominal operation at all, for if this is true, careful manipulation may evacuate the pus entirely without opening the peritoneum. Again, it is to be remembered that nearly every case of so-called pelvic abscess takes its origin from a diseased tube or ovary. This being the fact, it is apparent, that the absolute removal of the focus of the disease is the only way of effecting a cure. The tediousness of the healing process by the method of puncture, is so well appreciated in even the most uncomplicated cases, that this alone is a most telling argument against it.

At the present time, *operations for the removal of cancerous or myo-fibromatous uteri*, are claiming especial attention, for the reason that when first originated these operations were regarded with especial disfavor on account of their primary mortality. It is not my purpose to speak especially of the removal of the uterus for cancer, but to consider the operation as necessitated by myo-matous or

fibro-cystic tumors. Experience has amply shown that this latter operation, carefully performed, so as completely to shut off the peritoneal cavity from the surrounding tissues, a technique which must be freed from every loophole of error, is at once the key to the operation and the salvation of the patient.

Another feature of the operation is the use of the clamp, or serre-nœud, as the great essential in the instrumental technique of the operation. This fact is especially interesting from the fact that certain sentimental surgeons at once insist upon the barbarousness of the instrument, and claim that if the operation is to stand, an intra-peritoneal method of treating the stump must be devised. The line of argument in a life-saving operation that would insist upon the abandonment of an instrument simply beeause, from their ultra ideas of refinement, it is "barbarous" we suppose would refuse succor in a storm, because the boat savored of fish. Plainly to the clamp belongs the credit of giving to hysterectomy its acknowledged position as a justifiable surgical procedure. By its use I have now completed a series of *twenty-seven hysterectomies without a death*. The course of the operation was smoother than the average ovariotomy, and gave me less concern, because I had the danger point under my eye all the time. I am morally sure that if hæmorrhage occurs I shall see it, and when seen, it is easily controlled. Herein lies the value of the clamp, and at this stumbling-block the intra-peritoneal methods of dealing with a stump often as big as a thigh must be uncertain and therefore dangerous. To say that suture and ligature, inasmuch as they control hæmorrhage elsewhere, will do it here, is to argue without a due appreciation of the facts, or a very limited experience; and just here the general surgeon falls short. There are many stumps that will not safely hold a ligature, and even when they do, the danger from after shrinkage is so great that it is not by any means certain that the ligatures employed will not altogether fail.

The *method of making a stump* is one not to be easily described, nor is it uniform. Each stump must be made according to the exigencies of the case. The general rule is to free the bladder, save the peritoneum, dissecting out the tumor until sufficiently free to engage it with the clamp. The after technique involves the closure of the pelvic peritoneum, and the embracement of the stump by the parietal peritoneum so as to close off the peritoneal cavity absolutely.

Following closely in importance for the relief of uterine fibroids of a myomatous nature is the *removal of the appendages*. When this is possible, the relief afforded is, in most instances, immediate and permanent. It must not be premised, however, that the removal of tubes and ovaries, in cases of uterine fibroid, has its counterpart in the operation under the simpler pathological conditions. In the latter, it is often the easiest of the easy operations; in the former, it frequently becomes a most serious undertaking—often is impossible, eventuating in hysterectomy in cases where such a conclusion was considered the remotest of contingencies, if considered at all. This is another illustration of the complexity of abdominal work. The mortality in removal of the appendages in uncomplicated cases of fibro-myomata should be about *nil*. The mortalities of dabblers in abdomiual surgery have no right to be considered. Closely related, in a clinical light, as dealing with the uterus, are the *Porro Cæsarian operations*. These, of course, have an obstetric relation, and in many points must be so considered, so far as their necessity is concerned. The average obstetrician is however, far from being prepared to perform either of these operations, and hence they will fall, in most cases, into the hands of the abdominal surgeon. As an operation of utility—*i. e.*, accomplishing its purposes and removing a chance for the necessity of re-operating, the Porro is to be preferred. In addition, with the perfected method of doing hysterectomy, it is, I believe in competent hands, much the safer operation, though, so far as statistics are concerned, this is, perhaps, open to question; but, all things considered, as I have shown in a previous paper, the Porro operation should be the safer operation, and I have no doubt it will ultimately be so recognized.

The *Cæsarian section*, simplified and perfected to conform with the modern surgery o

the abdomen, is outside of the unfavorable conditions for perfect suture of the uterus—a simple operation—so much so that it has been sought after as a cheap means of advertisements of late years in many cases in which it was not at all justifiable.

*Ectopic pregnancy* may be considered at this time as related indirectly with the uterus. That is, there are uterine symptoms in connection with it. These are not, however, in any sense pathognomonic of pregnancy, and may be simulated by various pelvic pathological conditions. So far as the diagnosis is concerned, I shall not argue the question further than to say that out of an operative experience of over thirty-eight cases in which its existence was proved in every case beyond question, I have so often been deceived or in doubt, that I cannot, for an instant, agree with those who insist upon exact and positive diagnosis in this most serious of the abdominal pathological conditions. I have not, it is curious to remark, observed a so-called intra-ligamentous variety of this condition, and, accordingly, am somewhat skeptical as to its frequency and the correctness of the pathology advocated by Hart and Carter, as shown by frozen sections. I may be in error as to this, but believe the matter should be further investigated before it is considered settled. As to operation, this should be done at once when the condition is discovered; and, if strongly probable, exploratory incision should be made. The earlier the operation, the safer it is. Delay, for the sake of saving the child, I regard as illogical, unless it is clearly felt to be also more safe for the mother.

As to the *method of dealing with the placenta*, this is perhaps not settled. In all cases, when at all possible from the nature of its attachments, it should be removed. When this cannot be done, of course there is nothing else to do but leave it under conditions as favorable as possible. It should be emptied of its blood, made as dry as possible, the cord cut close and tied, and the abdominal cavity closed.

The peritoneum will probably digest it, which, thanks to its vast absorbent power, will likely, in most cases, with clean operation, remove what would otherwise negative the operation.

In all of these operations so far referred to, it must be remembered that there are no hard and fast lines of treatment invariably to be followed, step by step, in every case. A knowledge of the expedients and resources of all complications will bring in variations that are valuable and indispensable for the successful accomplishment of their surgery.

In all cases of prolonged operation, especially in threatened shock, and after hæmorrhage, and in the presence of pus or debris, the value of *flushing out the abdomen with moderately hot water* is beyond question. In puerperal peritonitis, such procedure comes in as a valuable adjunct in removing the pus and relieving shock. This latter operation is still in its infancy, so far as its appreciation is concerned. Abroad it has not met with success, according to Mr. Bantock; but along with drainage, and an early appreciation of its presence, there is much to be hoped in this line. The point specially to be urged is that, in cases already in collapse, only sufficient be attempted temporarily to save life.

After operation, it may be required to put the patients in a sound condition, but this should not be undertaken until there is reasonable assurance that they can endure it. The ideal surgery is the surgery that saves life, and not that which records a technically complete operation, followed by a death certificate.

In these operations, characterized by overwhelming quantities of pus, it is noticeable that there is no need whatever of the use of antiseptics. Pure water, fresh from the tap, or if possible distilled, thoroughly cleanses the abdomen, the temparature falls, the pulse slows down, and the Listerien system of germicides is, once for all, proven absolutely needless, so far as abdominal surgery is concerned.

*In all abdominal surgery*, it must ultimately be accepted that *germicides are useless*, and may be harmful. The same may be said of opium, except in cases in which the opium habit has already been acquired.

*As to the time for entering upon the operations* for the various conditions referred to, it is now an axiom of surgery not to delay longer than to establish the fact that operation will be necessary at some time. This once grant-

ed, the earlier such operation is done the fewer will be the complications, and all the dangers attending operations will be diminished or avoided. There will be a shorter anæsthesia, shorter operation, less handling of the parts, less shock—surgical and dynamic—and quicker convalescence. There will be less need of drainage, because of the fewer complications. In complicated cases with adhesions, and where fringes of cicatricial tissue are necessarily left, the value of drainage is to be insisted upon. Cases do the better for it, have a more uninterrupted convalescence, and are more comfortable generally than where it is omitted. The *drainage tube* should be kept clear and clean, emptied frequently, and removed when the discharge is serum.

From my own experience, I must regard with disfavor what certain operators express concerning the tube as the result of ignorance of its proper handling, or of those cases that require it. To its use I certainly ascribe the recovery of many cases that would otherwise have been failures.

As to the *details of all operations*, they should be as exact and simple as possible. All sponges and instruments should be counted before and after operation. No hand except those of the operator, assistant and nurse should approach the trays or touch an instrument under any circumstances whatever. The incision should be closed accurately and firmly without being strangulated by the ligatures. Care should be taken that the skin-edges do not invert, and thus prevent union. Before opening the peritoneum, all hæmorrhage should be checked by pressure forceps, and when once the peritoneal cavity is reached, the work should be as quickly and expeditiously done as is consistant with thoroughness. No operation should be undertaken without full preparation for any possible complication. In ligaturing the pedicle in ovariotomy, the double surgeon's knot is by all odds to be preferred to any other. It gives greater certainty of constant pressure, and carries with it less danger of slipping, as I can readily demonstrate.

The *after-treatment* of these cases is marked by no special features, except to insist on absolute abstinence from food or drink until the stomach is entirely settled. The liquid diet is begun in small quantities, butter-milk being an excellent *initiative*. If there are signs of tympany, a saline purgative will usually afford prompt relief; or, if this is not well borne small doses of calomel will have the same effect in relieving the distension.

As a preparatory treatment for the operation, I insist upon rest in bed for at least twenty-four hours, and free purgation. When this is done, there is much less danger of tympany subsequent to operation. The patient should remain in bed for at least three weeks, and should wear a bandage for at least a year. This will obviate, in most cases, the complication of hernia.

A word as to the *electrical treatment of pelvic disease in women*. To those who have followed out the claims of the electricians, it will be evident that many of their cures depend entirely upon the correctness of their diagnosis. When we consider the absolute impossibility of making an exact diagnosis in the pelvis or abdomen, we are justified, in the light of exact surgical experience and of our own failure, to doubt the perfection attained by these men, the most of whom have never seen inside of an abdomen. If we doubt their diagnosis, what, then, must we say of their cures?

A wide field of discussion is still left open in reference to the surgical affections of the spleen, liver and kidneys, and also of the gall bladder.

Generally, the same teaching and arguments apply to these as to the operations already considered. Where they are divergent, it is due to the anatomical relations of the parts, the same general principles underlying all.

LAWSON TAIT (Cleveland *Medical Gazette*, November, 1890) lays down this rule: If pain precedes menstrual flow, it is tubal; if the pain follows the appearance of the flow and chiefly referred to the back and spasmodic in character, it will be found to be due to some mechanical obstruction in the uterus. Sterility following this symptom should be followed by dilatation. When the menstrual epoch is unaccompanied by pain, dilatation will not avail.

## Chronic Alcoholism.

PATHOLGICAL CONDITIONS OF THE BRAIN WITH SPECIMENS OF THE BRAIN TISSUE.

*Read before the Topeka Pathological Society, March* 10, 1891.

D. R. PELTON, M. D., TOPEKA.

Gentlemen :—

I present herewith several specimens from the brain of an inebriate who died with delirium tremens.

These mounted sections are taken from three different localities in the cerebral substance viz: the anterior, central and occipital lobes. In chronic alcoholism there is a variable condition of the gross anatomy of the brain. Its substance at times may be hardened by a fibrillar degeneration of the basic substance. At other times a fatty degeneration takes place in the cellular substances as well as a degenerative softening of the neuroglia. There may be a hypertrophy of tissue or a diminution of the encephalic mass corresponding to the nature of the pathological changes which have taken place.

Frequently we can detect no appreciable change even with the microscope. In this class of cases although the microscope does not reveal it, there undoubtedly is a change in the protoplasmic substance of the cells which obstructs and prevents their vital function, causing an abnormal flow of their vital action, or in the language of Dr. Maudsley, "the static potentiality becomes energy, not through the usual train of association, but by reason of abnormal stimulus;" and I will add that the energy is depending upon protoplasmic disintegration.

In these sections of the brain which I present for examination we can observe both the normal and pathological conditions. Normal in the appearance of some of the brain cells, and abnormal in the appearance of the vessels with crystaline substance scattered through various localities in the tissues and vessels.

One of the most conspicuous features in the microscopic appearance is the many dark pigmentary crystals in both the gray and white matter. They are more noticeable in the sections from the frontal and central convolutions than from the occipital.

Those pigmentary crystals which we observe I believe is what Dr. Bristow calls hæmatoidine. They seem to be and probably are caused by degenerated blood corpuscles. Some have wandered from their vessels and are scattered promiscuously through the brain substance, some are congregated in groups while at other places we can see them disseminated along the inner walls of the capillary vessels, they do not seem to have any special relation to the arteries or any morbid change in the same, other than is common to the other cells.

By running over the field with the microscope we readily discern small *open spaces* in which rests isolated brain cells. This is evidently caused by the degenerative process taking place in the basic substance of the cellular matter; (notice section No. 1 and 2.) We also see where the vessels are divided longitudinally that the leucocytes have migrated from the vessels and arranged themselves along the outer walls, filling in some places the space between the vessels and the cellular substance; a transverse section of these vessels also shows them clustering around its severed tube.

The migration of the leucocytes are due to hyperæmia with softening and dilatation of the walls of the capillaries which allow the white corpuscles to pass through. Changes have also taken place in the blood plasma which have favored œdema. There are many refractory granules scattered over the field, they are described by Dr. Bristow, and which he considers as a result of chronic alcoholism.

In Dr. Hun's work of histology he says there is an increase of round cells in this disease, but that it is not a constant feature.

In section No. 4 we have a beautiful view of a portion of the piamater. It shows a highly congested condition and a probable thickening of its structure for you can observe very plainly the two layers. Putting it under a glass of light power you can very readily discern the small capillaries dipping down into the superficial layer of gray matter, and with

a ¼ objective you can clearly discern the cellular substance of both layers of the piamater. It is said in many of our text books that there is no constant pathological change in this disease. That may be true and yet some one or more of the above changes will appear with close investigation in the majority of cases. Indeed there need not be any constant and invariably morbid appearance, for in which ever direction the structure lacks most in chemical and vital power it will favor that peculiar change be it *hardening, softening or fatty degeneration.* These changes will differ in degree all the way from apparent disorganization which can be discerned by the naked eye down to the invisible changes within the brain cells which the microscope cannot unvail. These invisible changes I have hinted of are conceded by the ablest men of to-day. It is probably a principal factor in causing the delirium tremens and other mental phenomena.

These changes although invisible to the eye through the microscope are wherein lays the weakened condition which incapacitates them from sustaining shock, consequently when an injury is received by a drinker, as the crushing of the hand or a foot, as well as other wounds and bruises, delirium may at once be ushered in, although the patient may have manifested his usual health at the time of receiving the injury. The brain cells are at once disturbed in their function of co-ordinate action for framing normal ideas and correct impressions, and manifests the abnormal energy in the form of alcoholic mania. These observations have been tabulated often enough to prove conclusively that they are depending upon the deleterious effect of alcohol on the brain cells. But the exact chemical and vital changes incident thereto is as yet an unsolved problem; for the nature of the cells internal structure is undergoing a warm discussion at the present time by our most eminent physiologists, like Drs. Stricker and Kuehne, claiming the cells are a morphological unit and a homogeneous substance, while Drs. Aultman and Fleming claim them to be heterogeneous in structure and composed of living granules of definite life, like unto bacteria, and held together by an indefinite substance.

Whichever view is accepted it does not alter the result, for it is evident that an organic chemical change has taken place, either preceded or followed by a vital transformation.

ACTION OF SALOL ON THE KIDNEYS.—In a report in the *Centralblatt f. Chirurgie*, 1890, it is stated that Kobert has pointed out a possible danger in the use of salol which is of importance. Salol is so constituted that it undergoes conversion into carbolic acid in the system of an animal, so that any dose is equivalent to about one-third the same quantity of carbolic acid. Hesselbach ordered for a strong girl, æt. 22, with acute articular rheumatism, fifteen grains of salol to be taken every two hours; but she was given by mistake double this dose, so that in eight hours she took 120 grains. This was followed by sopor, suppression of urine and death in four days.—*Medical and Surgical Reporter.*

## New Additions to Remedial Agents.

Among some new and convenient medicaments Parke, Davis & Co. announce, are Mosquera's Beef Peptone, Malt Extract with Peptone and Urethral Bougies of Aristol.

Mosquera's Beef Peptone is entirely free from the bitterness of the Pepsin Peptones, possessing an agreeable, sweet taste.

Nutrition plays so important a part in modern therapeutics that any additions to eligible methods of nutrition are welcome. Malt Extract with Peptone makes an easily assimilable, highly nutritious combination of malt.

Aristol is regraded by many as quite as efficient as Iodoform in its antiseptic action, and it possesses the special advantage of being entirely free from odor. The Aristol Bougies should find a wide application in the antiseptic treatment of the Urethra. Aristol is a substitute product of Thymol obtained by mixing a solution of Iodine in Iodide of Potassium with an alkaline Thymol solution.

READ the transactions of the Lyon County Medical Society. It is a new departure and commendable.

# SOCIETY PROCEEDINGS.

## Topeka Academy of Medicine and Surgery.

The Topeka Academy of Medicine and Surgery met in monthly session in Lincoln Post Hall March 3, at 8 o'clock P. M.

The president, Dr. T. W. Peers, in the chair. Dr. M. B. Ward was appointed secretary pro tem.

Minutes of last regular meeting were read and approved. Roll call and the following were present: Drs. Guibor, Pelton, Bradley, Schenck, Minney, Gemmel, Seabrook of Burlingame, Cannon of Smith Center, Magee, Morgridge, Munn, Cazier, Williamson, McClintock, Stewart, R. E. McVey and Ward. Messrs. Dillon, Gilbert, Owen, Frankenberger and Batty, medical students, were present.

Drs. Munn, Williamson and Cazier were appointed a committee on membership, and reported favorably on the application of Dr. J. H. Cannon, and on motion the secretary was instructed to cast the vote of the society, and Dr. Cannon was declared elected.

By special request of Dr. Guibor, Dr. Cazier read a short paper on "Consumption," and Dr. Guibor read a supplemental paper on "Tubercular Laryngitis." On motion the papers were received for discussion.

[For these papers, and discussion on them see pages 126 to 131.

Dr. McClintock made a verbal report on his method of treating hemorrhoids. Many good physicians use the injection method, and he had done so a good many times, and with success. Did not think it was a scientific method. It was liable to cause sloughing which is undesirable. A five to ten per cent. solution of carbolic acid is strong enough. Abscess may follow, and bury deep into the cellular tissues. Only a few drops should be used. A long needle is passed down into the apex of the tumor, a drop or two is forced out and then the direction is changed so as to get the medicine in every part of the tumor. The patients are usually allowed to go home, but ought to be kept in bed. Only one pile is treated at a time. They will get well in one, two or three months. Some seven cases were thus cured. The next form of treatment is the ligature method. It is the plan he has usually adopted. It is not entirely satisfactory. It is done by ligating each pile separately—first cutting the membrane in the ligature tract, in order to prevent pain. There sometimes is great suffering. Septic absorption is not uncommon. The ligature is a source of irritation and ulcers are not unfrequently made. The clamp and cautery treatment is one of the best. It gives more satisfaction than the ligature in the hands of a specialist. None of them can be classed as surgical, because it is not always possible to keep the parts aseptic. They violate surgical laws.

The Whitehead operation is the most surgical method. It is said to be a difficult, bloody and dangerous operation, but the general surgeon, who is used to seeing blood need not be alarmed. It is rather tedious. Had done the operation and with success. The operation is done by beginning at the posterior margin of the rectum, and dissecting up the mucous membrane, be careful not to go too deep, and thus divide the muscle; keep inside of the posterior wall and outside of the blood vessels; go till you reach healthy mucous membrane, then draw down the membrane and unite it to the healthy tissue. The continued suture of cat gut is used. Generally breaks the suture into two or three sections in all operations on circular flaps, especially around the anus. The incision must be perfectly horizontal, one side must not be lower than the other, if it is you will have ectropion. Ligate all the blood vessels. It is a clean operation. Union by first intention.

On motion the report was received for discussion.

Dr. Seabrook said, that the operation last described is without a doubt a scientific one.

Dr. Munn was much interested in the history given by the author. Was not very favorably impressed that any of the methods given met all the indications in some cases. He used nitric acid in vascular hemorrhoids with perfect success. The clamp and cautery is a good method.

Dr. Ward had never done the Whitehead operation and would not care to attempt it without more experience. Had used the ligature method recently with perfect success. Had also used the injection method, and yet always dreaded the danger.

Dr. Guibor spoke favorably of the Whitehead operation.

Dr. Minney referred to a reprint which deprecated the ligature method on account of tetanus.

Dr. Morgridge has had a large experience with the injection method, and is pleased with it; was himself cured by this method. Strong solutions should not be used. Pulls the tumor up and injects the whole tumor in its largest diameter. Never saw any unfavorable results. Shall use no other method in large operations. Does not dilate the sphincter.

Dr. R. E. McVey uses the injection method three per cent. solution of carbolic acid. Had cured all his cases. If a bleeding pile use ergot. Does not like the plan of ligating.

Dr. McClintock in closing the discussion said, the Whitehead is a major operation. Dr. McVey's vascular tumors which he mentioned, should have been treated with nitric acid. Does not see any necessity for cocaine when the carbolic acid is used.

On motion the report was received.

Dr. Ward moved that a committee of two be appointed to secure a stenographer—or report as to the advisability of employing one—Carried. and Drs. Ward and Green were appointed.

## Proceedings of January Meeting of the Lyon County Medical Society.

EMPORIA, KAS., January 6, 1891.

The "Lyon County Medical Society" met in regular session. The following members were present: Drs. Foncannon, Resor, Webster, Frost, Page, Gardiner, G. A. Biddle, T. C. Biddle, Jacobs, Longenecker and Wright. Dr. Resor was made president pro tem. Among other proceedings the subject for consideration at this meeting was announced as follows: "*Resolved, That cleanliness is the only essential antiseptic.*" As previously arranged, the affirmative of this question was assigned to Drs. T. C. Biddle, L. D. Jacobs and J. J. Wright, and the negative to Drs. Gardiner, G. A. Biddle and J. H. Page. Judges of debate, Drs. Foncannon, Frost and Longenecker.

Dr. T. C. Biddle on behalf of the affirmative, in opening the discussion said: Cleanliness is an antiseptic because to clean is to purify. It is the only reliable antiseptic. Chemicals are capable of antisepsis only when employed in conjunction with other agents of cleanliness. A polluted wound may be saturated with bichloride until the tissues are corroded, and unless the other rules of cleanliness are observed putrefaction will follow. Or in other words, bi-chloride alone will not render a septic wound aseptic and is therefore not a reliable antiseptic. In the Turko-Russian war 85 per cent. of the gun-shot wounds of the knee joint that were allowed to suppurate proved fatal, although chemical antiseptics were employed most rigidly. They failed to control the suppuration. While 85 per cent. recovered where the wound was cleaned and kept clean. The virtue of a chemical antiseptic abides in the power of purifying or rendering clean, and is therefore only an agent of cleanliness, the same as water, soap, &c. If chemicals are ever essential they would be so in tissues of delicate organization, such as the peritoneum. In laparotomy it is found that they are not only non-essential but are injurious. Chemical antiseptics are only a convenience, an easy method of cleansing a wound. When pus is found in a wound it means that somebody has been unclean, and that cleanliness would have been the only essential antiseptic. If chemicals are the panacea for all septic conditions why are they not more potent in the treatment of disease depending on bacilli such as typhoid fever, pneumonia, &c. Experience, reason, authority, all prove that cleanliness is not only the only essential antiseptic, but that it is in its broad sense the only antiseptic.

Dr. Gardiner, first speaker on the part of the negative said: The gentleman has defined cleanliness, to cleanse, and then argues that as cleanliness is the opposite of impurity it must be an antiseptic. He tells us that cleanliness acts alone and that all other antiseptics must be used in conjunction with cleanliness. He admits for the sake of argument that there are other antiseptics besides cleanliness. The question implies this. The negative does not advance any proposition in regard to the number, names, use or abuse of antiseptics.

The affirmative come here to-night to prove that there are antiseptics, that cleanliness is one of them and the only one that is essential. The gentleman asks if chemical antiseptics destroy microbes, why don't they act as specifics in typhoid, phthisis and that class of diseases. He confounds two very different conditions. In one case we can apply chemical antiseptics to the infected part in such strength and for such time as may be necessary to destroy the microbes. In the other case we must follow the microbes into the blood. He says that chemicals do not stop suppuration, and that whenever we see suppuration some one had been unclean. He then cites the case of soldiers wounded in the knee during the Turko-Russian war, and says they all suffered from suppuration, although chemicals were freely applied. Have we not all seen foul wounds covered with pus, dry up and heal without further suppuration after thorough antiseptic treatment? In regard to the suppurating wounds of the knee joint, I refer the gentleman to his statement with which I fully agree, that when once there is suppuration some one has been unclean. This explains those cases, and shows conclusively that the wounds were not treated antiseptically. The negative wants to do some defining. The resolution contains two propositions—first, that cleanliness is an antiseptic,—second, that it is the only antiseptic that is essential. The second proposition of necessity falls with the first. Cleanliness is the opposite of filthiness. Cleanliness is a state, a condition, inactive, dead. The condition of cleanliness will continue until disturbed by other influences. A piece of red hot iron represents the condition of cleanliness these gentlemen are talking about; but just as soon as it becomes so cooled that it will not burn the dust in the air, that instant it becomes infected with septic microbes. In all departments of knowledge words acquire a technical meaning, and in defining antiseptic it is fair to refer to other medical words similarly compounded. Antisyphilitic, anti-spasmodic, anti-periodic, antiphlogistic—all these indicate an active, aggressive, persistent something that carries the war into the enemies country and conquers it and destroys the enemy. Cleanliness is a state, a passive condition, and has none of the properties of an antiseptic. For illustration let us offer this resolution. "Resolved, that the absence of syphilis is the only essential antisyphilitic." Would any one attempt to support such an absurd proposition? Why don't the gentleman tell us what he means by cleanliness; how to secure it; how to maintain it; and how to know when we have it. He means asepsis, and surely they will not claim that asepsis can be secured or maintained in exposed parts of the living body except in the presence of antiseptics and under coverings that can exclude germs. Many experimenters have tried to sterilize the hands by washing with soap and brush and hot water, and have failed after the most careful washing and scrubbing. Kommel advises washing with hot water and green soap, then in a five per cent. solution carbolic acid, or a chlorine solution. Forrester of Amsterdam, uses hot water, soap and brush and then 1 to 1000 or 2000 bichloride solution. Forbinger, hot water, soap and brush, 80 per cent. alcohol, 30 per cent. carbolic acid solution or bi-chloride solution 1 to 2000. Ball has been experimenting five years. He infects his finger tips with pure cultures of the staphylococus aureus, then removes all visible dirt with knife, soap, water and brush, washing as thoroughly as possible, then scrapes the nails and ends of fingers and inoculates culture fluids and finds the microbes appearing in great abundance. He says the hands can be completely sterilized by following the plan advised by Prof. Miklicz—first, clean nails with knife—second, wash in warm water, green soap and brush—third, 30 per cent. solution carbolic acid and then a 1 to 2000 bi-chloride solution—fourth, wipe nails and fingers with iodoform gauze dipped in five per cent. solution carbolic acid. In this country Marcy, Osler and Kelley have reached similar conclusions, and have demonstrated to an absolute certainty that the hands cannot be sterilized without the aid of chemical antiseptics. Chemical antiseptics alone have made asepsis possible. Asepsis is the child of antisepsis, formed in her womb, nurtured in her bosom. She is the hygiea men looked for and dreamed of in the past made manifest in this favored age. She is the redeemer of the

body as Christ is to the soul. Her teachings will re-create mankind and banish diseases from earth—under her benign sway cancer, that hollow eyed, wan cheeked, citron tinted demon, fit emblem of hell's malignancy will afflict humanity no more. Phthisis will cease to light the twin lamps of death in the cheeks of blossoming womanhood and that Herod, diphtheria, will be shorn of power to slaughter the innocents. Mothers will no longer look through blinding tears on the faces of their dead babes, nor fathers mourn beside the graves of their sons. Humanity will not bow down under infirmity but will live out the full measure of their days and at last in the fullness of time lie down on painless couches.

Dr. Jacobs for the affirmative said: In the light of twenty years hence, what will our answer be, or what will those who then occupy our places think of our to-nights decision! Upon the proper answer to this question hinges our only correct line of practice. Upon it rests our responsibility not only to our consciences but even to courts. If antiseptics are the essential means of treatment, then if the thighs and the abdomen and the pubes, and the vulva have not been thoroughly bathed with a carbolic or sublimate solution; if the linen upon which your patient rests and which covers her is not moist with a bi-chloride solution; if the vagina has not been irrigated with a similar solution; if your hands have not been soaked and scrubbed and kept wet in a bi-chloride solution 1 to 1000 or 2000; if after the child is born and the after birth delivered the vagina has not been irrigated and the womb syringed with a carbolized or sublimate solution; if an antiseptic pad with or without a drainage tube has not been applied; I say if these things have not been done, and if one is essential all are essential; if you have failed in any of them and your patient should get a septicæmia, then are you responsible for mal-practice and should be liable for damages and imprisonment. This is not extravagant. I have heard the statement made in our own society, that the time would come when we would be held responsible for any of these omissions. This is antisepsis, and it is absurdity. It is the grasping at a shadow and losing sight of the substance. It is the placing of our profession in a false and dangerous position.

Dr. Jacobs then read a tabular statement from a paper by T. B. Greenly, M. D., in the August number of the *Journal of the American Medical Association.* The table is by Dr. Baruch in 1884, made from reports of various lying-in hospitals in Europe, comparing the results of those using carbolic acid prophylactically with those where it was not used. From this statement the advantage was shown to be overwhelmingly in favor of those institutions where prophylactic injections were not used. Dr. Jacobs continuing, said: The last decade and a half had witnessed the most wonderful advancement in medicine that the world had ever seen. The germ theory had been developed, and research and investigation had demonstrated a causal relation between bacteria and disease. The profession had been startled at the discovery, and dazed at the appalling fact, had become dumb to all past experience and knowledge, and had been seized as it were with a sort of antiseptic delirium. Whither shall we fly? Wherever we go is death. Ice, milk, air, water, earth, in fact every thing that we eat, drink, breathe, feel or see, is contaminated and contaminating and the only hope of rescue from this recently discovered fatal dilemma is, they say, in antiseptics. But gentlemen, upon what does the success of the very modern method of medical treatment depend? Don't you know that it is due to the avoidance of those means which were formerly used, but which are now known to be harmful; the bleeding, the purging, the puking, the blistering, the mercurial and antimonial courses, and all other irritating depletory, and depressing agents; to the substitution generous diet for starvation; to rest, sunlight and good ventilation? Here is where the difference lies; and the prevention of disease consists in isolation of the sick and common cleanliness. But the greatest advancement during this remarkable period has been in surgery. Achievements have been attained that were never dreamed of before; not due to greater skill in operative procedure, because the operator of former times was equally as skillful in the use of the scalpel and bistoury as he is now; but to methods of treatment

and management. Wounds formerly were as a rule, septic, and were attended with swelling, inflammation and suppuration, and often with gangrene and sloughing and septicæmia. Now under treatment of a skillful surgeon they get well without these processes. To Sir Joseph Lister belongs the credit of having effected this change to successful method of treatment; and however much we may differ as to the principles involved in the method, and the details of application, there is none of us that would detract in the least from the great credit due him. The method has been properly called Listerism. Dr. Jacobs described the method as first published by Lister, in all its details, and said it was veritably an antiseptic method, and to the antiseptic had been accredited the wonderful success which was obtained. But after a while the spray was found to be unnecessary; then the MacIntosh was thrown aside; then the protective was discontinued; carbolic acid was found to be irritating and other antiseptics were substituted; notably corrosive sublimate. Even this was found to be inert on account of the insoluable albuminoid which it forms with the serum of the blood. Iodoform, which has never been successfully shown to be a germicide, has become the most common and efficient material for immediate application in wound dressing. Thus the method has been changed, and always for the better, by throwing aside the active and constantly acting antiseptics. But there are portions of the method that have not been changed; the drainage, the close approximation of the wound; the avoidance of unnecessary disturbance and exposure; the maintenance of rest; these are methods which will never be changed; and it is to these, together with a most rigid cleanliness. Cleanliness of the wound, of the adjacent parts, of the surgeon's hands and instruments, of the dressing, that the great success of modern surgery must be accredited.

Lawson Tate washes the abdominal cavity with water from the tap. Neuber of Keil, has excellent results from operations done with well cleansed hands, apparatus and instruments without the employment of antiseptic fluids. Even the dressing are not impregnated with any antiseptic chemicals. Dr. Jacobs in conclusion, said: Gentlemen the field of bacteriology in its relation to disease is still comparatively new and unexplored, and there are things in it which our philosophy cannot explain. Why the human race has not been annihilated thousands of years ago by the ever present and ever multiplying countless myriads of bacteria, is an enigma to our science. Nor can we tell what the future may reveal to us, and how changed our treatment and methods may be in a decade hence. But the great sanitary formula which was enunciated by the father of medicine more than two thousand years ago; pure air, pure water, pure earth; *cleanliness*; still remains and ever will continue to remain the essential principle to guide us safely, successfully and triumphantly in our professional onward march.

Dr. G. A. Biddle on behalf of the negative said: That the cleanliness obtained by soap, water, razor and flesh-brush are not capable of securing asepsis. Soap and water are not antiseptic, nor has there been and proof furnished that they are antiseptic. On the contrary water is charged with myriads of animalculæ and microbes sufficient to inoculate any wound. It is a known fact that water may contain the germs of diphtheria, erysipelas, scarlatina, yellow fever and many other diseases, and thus has slain its thousands, and this too in water that so far as the naked eye could discover, was pure and clean. How then can you dare say it is an antiseptic, and capable of rendering a part aseptic. Soap certainly does not add to its antiseptic qualities in the least. The only advantage gained by the use of soap and water in rendering a part aseptic, is that the warm alkaline solution soap and water will soften the dry epithelium and dry encrusted debris, so that it may be the more easily removed; so that the antiseptic agents, such as a 1 to 2000 or a 1 to 4000 solution of bi-chloride mercury, or a ten to twenty per cent. solution of carbolic acid, may readily come in immediate contact with the germs or microbes and destroy them; thus rendering the part surgically clean; miscroscopically, scientifically clean. Water should not be used about a surgical case until it has been sterilized by boiling. Heat is a most valuable antiseptic if brought up to 260° F., and this

maintained several minutes. Moist heat need not be so high, or maintained so long as dry heat. This is the most practical and safest manner of rendering your instruments and dressings aseptic; but you can readily see that it is not available as an antiseptic in preparing your patient or your own hands. The razor and flesh-brush act only in a mechanical way in removing debris, and certainly no one would claim anything else for them. If the gentlemen insist on affirming that cleanliness is the only essential antiseptic, and secure their cleanliness by the use of hot water, soap, flesh-brush and razor; followed by bi-chloride mercury, carbolic acid and such agents as are known to possess unfailing antiseptic properties; then I am one of the affirmative myself. This is strictly orthodox antiseptic preparation as we are taught by the masters. What effect would water and soap have in cleansing and old abscess cavity, rendering it aseptic.

Dr. Wright said: That the tabular statement referred to by Dr. Jacobs as appearing in the last August number of the *Journal of the American Medical Association*, showing the greatly lessened comparative mortality in the European lying-in hospitals, where no prophylactic antisepsis had been instituted but cleanliness, was a strong and convincing practical demonstration that cleanliness was the only essential antiseptic. He said it was not the fault of the affirmative in this discussion that the culture experimenters referred to by Dr. Gardiner, were unsuccessful in effecting the removal of all the dirt from under their finger nails. He was prepared to admit, and he believed the affirmative would admit that bi-chloride and kindred alleged antiseptics were valuable agents in promoting cleanliness and that as such we all employed them. He said that the air we breathe, the water that we drink and food that we ate, swarmed with living organisms. He had witnessed the diagrams with feelings of repulsive interest, illustrative of the microscopic showing of the hideous animalculæ that lived and moved and grew in a drop of Neosho water. He had seen fat thousand-legged bugs retreating from view from a particle of a prune placed under the microscope, and that since this showing he had excluded this fruit from his bill of fare. He thought there was a possibility of monkeying with these microscopic investigations so much that mere existence would seem so hazardous that life itself would become burdensome; at least he did not propose to turn the magnifying lens on another favorite article of food. He declared that the best of health had been maintained and life prolonged in an *increasing ratio* before the existence of the deleterious bacteria of modern investigation were known, or suspected as the originators of diseased conditions. He commended the scientific research that lead to the promulgation of recent accepted theories but submitted whether after all there was not now less positive practical knowledge in this line than there was supposed to be two years ago; and whether it is not possible that within the next decade this modern doctrine might not go to the wall.

Dr. Page on behalf of the negative said: If the affirmative of this question be true, then the modern doctrine of bacteriology falls to the ground and incidentally thereto the theory and practice of antisepsis falls with it. The modern doctrine of bacteriology is that certain micro-organisms called bacteria, enter the blood through open wounds, abrasions, and other solutions of continuity of skin or mucous membrane and by their presence, and affinity for oxygen, produce certain poisons called ptomaines. These poisons are alkaloids bearing some resemblance in their physiological effects to woorara and other organic poisons. The latest researches in bacteriology appear to prove that the bacteria of putrefaction are algæ and not animalcula as was formerly supposed; hence their conversion into ptomaines within the blood by robbing it of its oxygen, is the more readily accounted for. These ptomaines circulating in the blood cause septicemia, pyemia, &c. In parts of southern and equatorial Africa, there are myriads of flies, most of them inocuous, but there is one species, the tseta fly whose bite is absolutely destructive to the horse, the ox, and the dog, rendering their inhabiting certain regions utterly impossible. There are bacteria and bacteria, myriads of them are inocuous and their presence in wounds is thought not to be harmful; but the bacteria of putrefaction though

few in numbers, are alike destructive of animal life. Lawson Tate affects to deny that bacteria poison wounds, and is reported to have said that he would like to have enough bacteria to make a poultice. But why does he make such haste to do a laparotomy, if he does not fear contamination through atmospheric influences. It cannot be for fear of shock that he does a laparotomy in from seven to fourteen minutes, for anæsthesia almost wholly abolishes shock. Cleanliness alone is insufficient. No where else is cleanliness carried to greater perfection than at our military posts. The grounds are policed nearly every day; all garbage removed, over-crowding in quarters and hospital avoided, disinfection of quarters, hospital, outhouses, &c., thoroughly and systematically done; skilled surgeons and nurses in attendance on the wounded; yet the results of surgical operations before the era of antisepsis, were not to be compared with the results of the surgery of to-day, under less favorable conditions. True there are other factors which have contributed to better results; such as Esmarchs' bandage, drainage, nicer co-aptation of wounds, rest, &c.; above all is the making of the wound aseptic, and keeping them so through the agency of antiseptic dressings. Dr. Page then read mortality tables taken from Hamilton's surgery, of the results of amputation since the crimean war and the war of the rebellion, comparing them to the surgery of to-day, showing the remarkable decline of mortality under the antiseptic method of treatment. The science of bacteriology resulting from the laborious researches of French and German savants, has come to stay. It explains everything, and antisepsis is its natural and logical sequence.

Dr. T. C. Biddle in closing the debate said: That Dr. G. A. Biddle demands that the affirmative detail their method of cleanliness. The method he described of rendering a wound clean we will claim as our method. In reply to Dr. Page he would say, that the statistics of military practice of twenty years ago differs from now for more reasons than because bichloride is now used. Now the care of the patient is better. The wound is rested now, and is closed better and dressed more carefully with drainage, and rendered clean and kept clean; and to these causes are due the better results.

The arguments presented were now submitted to the judges for their decision, who retired for consultation. The judges returning presented their verdict through Dr. Frost, who announced that they had decided in favor of the negative. After announcement that the oysters would be served by the losing party to the members present immediately after adjournment, the society adjourned.

## Topeka Pathological Society.

The society met February 24, 1891, at 8 P. M., in the office of Drs. Morgridge and Pelton.

Dr. R. S. Magee presented a specimen of cornea, from syphilitic ulceration, ending in complete necrosis of the entire cornea. Stained in picro-carmine. Under ⅙ objective showed the canaliculi and lymph spaces, crowded and packed with leuco-cytes and pus cells, occluding the nutrient channels; the corneal tissue proper showed marked infiltration with the same cells. Also a transverse section of the optic nerve from the same eye, about four m. m. behind the lamina cribrosa. The lymph channels and spaces were occluded to some extent with leuco-cytes. The connective tissue separating the nerve bundles—the perineurium—was swollen and infiltrated with these cells; in one or two places evidences of disintegration showed themselves in the nerve bundles. There was marked sympathetic trouble in the other eye.

Dr. Morgridge resumed the study of neoplasms. He said: Neoplasms are more prone to occur in some localities than others, but they may spring from any tissue or organ of the body. Some forms show a greater tendency to recur than others, and this reproduction may be after the removal of the original growth, and in the same locality; or it may take place in a distant organ of the body. This tendency to return after removal indicates malignancy. Generally they are separated from the tissues about them by a capsule, which is made up of the normal tissues of the part having been condensed by the encroachments of the enlarging neoplasms. Neoplasms are generally single but may be multi-

ple. Where they are multiple and the secondary growths are due to or result from the primary, they are of metastatic origin and are probably malignant. Instead of forming for themselves a capsule out of the adjacent tissue many neoplasms permeate or infiltrate the tissues of the part or organ that supports them. The infiltrating neoplasms are generally malignant.

Neoplasms are very liable to retrogressive changes such as fatty, mucoid, calcareous or pigmentary degeneration. The methods of classification that have been in vogue are (*a*) the clinical, which is now abandoned as a scientific method; (*b*) the anatomical, which was found to be imperfect because of the fact that at least two important neoplasms have no analogue in the normal tissue of the body, and cannot therefore be classified according to this method; and (*c*) the embryonic method—"This method is to-day offering us the most scientific basis upon which to classify new growths, yet presented." It has been determined that the origin of all neoplasms is an embryological one. By reference to origin they are divided into three great classes. The varieties of each class being determined by histological peculiarities. The embryological classification refers every neoplastic new formation to one of the three embryonic layers. Those arising from the epiblast constitute one class, the hypoblast furnishes another and the mesoblast the third.

The teratomata is a class of neoplasms that result from a combined proliferation of cells from all of the embryonic layers.

The society met March 10, at the office of Drs. Minney and Magee, president Stewart in the chair.

Dr. Magee presented a section of a mucus polypus from conjunctiva, taken from the stump from which the eye had been removed some four weeks previous, which had been destroyed by a bullet. Tumor was about the size of a pea. Cross section showed it to be an aggregation of spherical cells, with a few scattered fusiform cells, with long anastomosing prolongations. Intercellular substance very abundant, soft, gelatinous, viscid and transparent taking a carmine stain poorly. Also a section of optic nerve, transverse, from an eye destroyed by choroiditis, in which there had been glaucoma, with partial absorption of the sclera in places. There was slight sympathetic trouble in the other eye. Microscopical examination showed lymph channels of sheath filled with leuco-cytes and pus cells also smaller lymph spaces between bundles infiltrated with these cells in places.

Dr. Morgridge presented slides showing minute structure of a fibroid tumor, taken from the limb of a seventeen year old girl, and said: The fibromata are a class of tumors which are composed of fibrous connective tissue. They belong to the great class "connective tissue tumors."

Connective tissue neoplasms are of mesoblastic origin. By this we mean that they invariably originate in tissues which have their origin in the middle layer of the embryonic mass. Authorities usually divide fibroid neoplasms into two varieties; viz, hard and soft. The former are hard, dense and often when cut give a creaking sound under the knife. The latter or soft variety often present a grayish translucency and they are rich in slender fusiform cells. The hard variety often presents a mass of wavy, whorled tissue; and cells are not often found in them, as in the soft variety, In both forms fibro-blast cells are found in them showing that the new tissue is formed by cell proliferation of the matrix tissue. Fibrous tissue is subject to the various degenerative changes. It may be mucoid, fatty or calcareous. Often times these points of degeneration undergo liquifaction, and false cysts are formed. These degenerative changes are due to their being poorly nourished.

Dr. D. R. Pelton presented mounted sections of the brain of an inebriate who died of the tremors. Showing the following pathological changes: Degenerated blood vessels with softening around the vessels, migrated white corpuscles, congested and thickened piamater, hæmatoidin crystals and refractory granules. The specimens were taken from three regions of the brain, the frontal, parietal and occipital lobes. They gave a very clear view of the normal brain cells as well as the pathological condition. The paper which he read describing the same is reported elsewhere in the JOURNAL. [See page 137.]

# Kansas Medical Journal.

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TOPEKA, KANSAS, APRIL, 1891.


DR. W. E. MCVEY, our former business manager, has taken full charge of the JOURNAL, and will hereafter publish it upon his own account. All subscriptions, advertising contracts, &c., should be sent to him direct. The editorial staff will remain the same.

## Bibical Medical Ethics.

"Honor due the physician and why?"—*The book of Apocrypha, Ecclesiasticus, chapter xxxviii.*

"1. Honour a physician with the honour due unto him, for the uses which ye may have of him, for the Lord hath created him.

"3. The skill of the physician shall lift up his head, and in the sight of great men he shall be in admiration.

"4. The Lord hath created medicines out of the earth; and he that is wise will not abhor them.

"12. Then give place to the physician, for the Lord hath created him; let him not go from thee, for thou hast need of him.

"13. There is a time when in their hands there is good success.

"15. He that sinneth before his maker, let him fall into the hands of the physician."

Medical men will recognize the above clipping, but fearing the laity might not read understandingly a short explanation is given. The books of Apocrypha are considered spurious scripture (hermaphrodite) by protestants. The book of Ecclesiasticus is supposed to have been written by Jesus the son of Sirach and is termed, "the prologue of the wisdom of Jesus." This book was written about two hundred years before Christ.

The Apocrypha is contained in many of the protestant bibles.

These sayings, probably, give a fair estimate of the medical man, as held by the laity in those days. It is to be noted that he was called a physician and not "Doc." The reason assigned for this honor, however, "the uses ye may have of him," will not bear close scrutiny from a moral standpoint; but it represents the spirit of the people of to-day.

The last clause of the first verse forever settles the vexed question of the origin of doctors, "for the Lord hath created him." The skill of the physician then as now marked his success. He must possess ability in some direction or he cannot succeed. If he has merit, somebody will appreciate it whether it is in the line of our liking or not. The world appreciates success and extends the helping hand, "And in the sight of great men he shall be held in admiration." The fourth verse should be pondered by skeptics in medicine. It is not the part of wisdom to abhor medicines. The practitioner who fails as a rule to get results from the medicine he administers should turn a searching gaze within himself and often he will discover the reason of his failure.

The twelfth verse no doubt means to set a plate for him at table, for he is tired and hungry with his long ride or much labor and waiting, and to remember him on pay day. The second sentence, "God has created him," drives the truth of his origin home and clinches it.

"Let him not go from thee," do not put him out of mind; do not banish him from your thoughts—keep him in hailing distance—an unexpected event may occur at any time.

The period of gestation is up and you had better speak to him in time. Do not let him go off on the train to Jerusalem or Damascus, but engage his time and pay him.

Verse thirteen says "There is a time when in their hands there is good success." There were times when they were not successful. People would die. The physician would at one time be on Pisgah's Mount and again in the Slough of Despond. A bad run of cases making him wish it was the other fellow's; his rival's, luck. Wishing he had stuck to the farm or workshop. Wondering if he had not missed his calling. But this will not do; he arouses himself from his dispondency; at it again, and good success crowns his efforts. In those days the physicians blistered and bled, gave strong drastic cathartics and turpeth mineral. Cauterized with the hot iron using no anæsthetic. The physician was the go-between, middle man as it were, between the Creator and the other fellow, giving color to the mooted, question of the physician's origin, for verse fifteen says, "He that sinneth before his Maker let him fall into the hands of the physician."

## Beef Tea.

Beef tea and beef extracts, are not what we need in treating patients suffering from malnutrition, they are but stimulants at best and there are other and better stimulants than these. It is desirable to give many patients the benefit of a meat diet who are not able to digest the meat fiber. Broil the meat slightly and with a good screw press, that can be had at the hardware and drug stores, squeeze out the juices of the meat and let the patient drink it. The juice of from two to four pounds of beef steak may be taken by a patient every day, and is certainly the best form to administer beef where solid food can not be taken.

## Tuberculosis.

Whether general or local, acute or chronic, is a disease characterized always by the presence of bacillus, and according to the light we have obtained by experimentation and verified by facts undisputable, the "bacillus tuberculosis" is the cause. We say this for the reason, that because Koch's labors have not yet brought the perfect fruit so fondly hoped for by a waiting and suffering race some have gone to the extreme of infidelity as to the cause, and are ridiculing the conclusions of those that have been patiently and honestly endeavoring to solve the problem of a cure. "Art is long and time is fleeting." Koch's method is in its infancy, we think it a step in the right direction and are filled with the hope that as the years come and go, successive steps will be taken that will lead to that "consummation so devoutly wished"—the cure of, and immunity from the scourge of our race—tuberculosis. S. G. S.

## Cirrhosis of the Liver.

To those treating cases of cirrhosis of the liver, remember that by putting your patient on a strict milk diet and enforcing it for a long period of time, even until convalescence is established, you will be rewarded by the recovery of many of your patients, even when very dropsical. The milk should be taken every three hours, night and day. If the digestion is not good, as it rarely is, add pepsin or pancreatin; if the kidneys are involved as they are in all cases where the disease has involved much of the liver, encourage the patient to drink freely of water. This will dilute the urine, wash the kidneys and render the urine less irritating to the kidney epithelium. The tincture of the chloride of iron is a good diuretic and adds to the blood, the oxygen carrier, red blood corpuscles are increased. Do not make the mistake of giving the diuretic salts of potassium, as they are especially irritating and will cause cloudy swelling of the kidney epithelium.

## Temperature of the Human Body.

*Temperature* above 100° during the first days after birth is pathological; and so is rise of temperature during sleep. The morning and evening differences are greater in children than in adults, both in health and in fevers.

*Nursing.*—The mother who through pride or vanity, for her convenience or from some senseless whim refuses to nurse her babe dur-

ing the first months of its life, should, in case of its death, be held as *particeps criminis* and an approving doctor should be considered yet more guilty.

*Endogenous Fermentation.*—Fermentation of milk in the stomach of infants has often been considered the disease, and micro-organisms have borne the burden of blame. Is not effect taken for cause? Excessive feeding, both too much and too often, or a bad quality of milk prevents digestion and the germs feeding upon the undigested curds cause fermentation. Go back of the fermentation, regulate the supply and its quality, secure digestion and you will prevent fermentation.

During the first few months in healthy infants, mother's milk is removed from the stomach in an hour or an hour and a half, cow's milk in two hours, and germs taken with the food are destroyed, or digested with other contents. It is only when digestion is impaired or impeded that they act as ferments, and it is questionable whether they are then pathogenic, the question being is the undigested curd or the curd disolved by fermentation most injurious. Most of the diseases of digestion in infancy are due to over feeding and improper feeding. The etiology of such conditions demands more attention than it usually receives. In most of these cases proper diet, properly regulated is the remedy. In some cases proper irrigation of the stomach, with subsequent rest is sufficient. Active medication should be avoided.

## Flowers in the Sick Room.

Are they injurious? Among the beautiful compensations of nature is the healthful exchange between vegetable and animal life. In one oxygen is exhaled and carbon absorbed; in the other oxygen is appropriated and carbon exhaled. The presence of flowers to all refined tastes is cheering and braceful, and when sent as the gift of friends they are often better than physic. But let them be sent to the living and not to the dead. They are tokens of life and lo e. Their profuse display about the dead will make these beautiful gifts of heaven as funereal as the coffin. The brightest and purest forms of life are out of place in the chamber of death. To many the odor of carbolic acid and chloride of lime are suggestive of death, because so often used about the corpse. Shall the delightful fragrance of rose and pink, of tuberose and hyacinth carry with them the same thought.

Make them rather the living expression of loving sympathy, of the relief of suffering, of restoration to health. Growing flowers are better symbols of living sympathy than cut flowers. A properly selected pot plant will not only add longer brightness and beauty to the sun light that should cheer every sick room, but many remain a pleasant memory after health is restored.

## Influence of Smoking on the Function of the Stomach.

As there exists different opinions on the influence of smoking on digestion, Dr. Idan Preshkin made a series of experiments and observations on this subject, and his conclusions are the following:

First—Although smoking relatively augments the quantity of gastric juice, yet it diminishes its acidity.

Second—The quantity of free hydrochloric acid in the gastric juice is also changed and diminished, and that proportionally to the diminution of the acidity of the gastric juice.

Third—The digestive power of the gastric juice is also dimished relatively to the diminution of the free hydrochloric acid.

Fourth—Judging by the time of the coagulation of milk, smoking has a retarding action on the secretion of coagulation ferment (lab-ferment.)

Fifth—The changes in the gastric juice produced by smoking continue a long time.

Sixth—As to the peristaltic movements of the stomach and its absorbing powers, smoking slightly augments them, and therefore it facilitates the process of digestion.

Seventh—Smoking has no influence on the acidity of the urine.

From the above conclusions smokers may derive some solace while it appears to diminish function in one direction it increases in another and leaves the process of digestion going on "all the same."

DR. DRZEWIECKI.

WARSAW, POLAND.

### Complications of Koch's Lymph.

Rigors are common especially with children. All the vital forces are depressed at first. After reaction the languor is proportionate with its force. In different conditions, even in the same conditions the reaction is variable. Diarrhœa is common with children, and vomiting not infrequent, both of short duration; sometimes there is constipation. A rash simulating scarlatina or rubeola appears in some cases and sometimes there is herpes labialis. The eruption usually occurs after the third or fourth injection. Albuminuria occasionally developes. There is no suppression of urine and no casts have been found. Its specific gravity is as in ordinary fevers. Hæmatemesis has never been observed, but in progressive cases hæmoptysis has occurred after the third or fourth injection. In laryngial tuberculosis the larynx is apt to become œdematous, necessitating tracheotomy. Aphasia is present in some cases, probably due to infiltration of the retro-bronchial glands, and pressure upon the recurrent nerve. In extensive pulmonary tuberculosis the destroyed tissue cannot be removed and the condition is not improved. The lymph destroys the neoplasm and not the bacilli, and when its removal is possible we may hope for physiological conditions. There is sometimes delirium and coma, but both are transient. It should be administered very cautiously, if at all, where the heart is weak and irritable. In several instances death has occurred, usually in the more advanced stages of pulmonary tuberculosis. It is a safe and efficient means of diagnosis in incipient tuberculosis.

### A Solution of the Problem.

Fears have been expressed that in the "sweet by and by" the world will become over populated, and unable to produce "bread enough for all." A careful study of statistics will allay such fears. As woman works her way up in intellectual life (and the same may be true of man) she finds greater sources of vital exhaustion than animal reproduction. The world of literature, science and art calls into being other and higher vital functions than mere animalism. To illustrate the result, take the last census of the State of Massachusetts, and we find that one-fifth of its married women are childless, while of the foreign born women only thirteen per cent. are childless, and that among the native Americans the families are usually small.

While we may mourn the absence of children among cultured people—this "classic childlessness," and this influx of "foreign production," with them, as with the negro population, when "bred up" they will "breed out." In all lands and among all people, as woman takes her place on the higher planes of intellectual life her energies will be diverted from mere animal activities, and as the centuries pass population will be kept within the possibilities of the earth's resources.

### Pathology in Chorea.

Dr. C. L. Dana of New York, contributes an article on the Pathology of Chorea. In conclusion he says, "In fine we have in chorea, first, a vasomotor paralysis, and trophic disturbances, affecting certain areas of the brain, and to a less extent of the cord; then we have this becoming chronic, with connective hyperplasia and degenerating changes in ganglionic cells and fibers." The flattering results attained by several physicians and reported to us, of the administration of the elixir of three chlorides, in chorea, would seem to add confirmation to the conclusion of Mr. Dana.

### Pasteurism.

Dr. Frank S. Billings thinks there is no evidence to show that hydrophobia is non-recurrent, that we have no report of a recovery in an undoubted case. He thinks Pasteur's statistics dishonest and that pasteurism is itself a regular mania to which rabbies bears direct relation. The statistics of mad-stones and Pasteur's plaster are *par nobile fratrem*.

Dr. J. W. Bacon of McPherson, Kas., one of our best physicians will move to Denver, Col., and Dr. H. Salthouse of Illinois, will take his place. We are sorry to lose Dr, Bacon, and the Journal's best wishes go with him. To Dr. Salthouse we extend a welcome.

## Program of the Kansas State Medical Society.

Provisional program, so far as completed of the Sections on Surgery, Gynecology and Ophthalmology, Otology and Laryngology, of the Kansas State Medical Society to be held in Wichita, Kas., May 13 to 16 inclusive.

SECTION ON SURGERY.

1. "Address by the President," Dr. A. H. Cordier, McPherson.
2. "Localization of Brain Function," with especial reference to surgery, Dr. D. R. Pelton, Topeka.
3. "Surgical Bacteriology," Dr. Jas. A. Lane, Leavenworth
4. "Genito-Urinary Surgery," Dr. S. M. Bibbee, Wichita.
5. "The Treatment of Hemorrhoids," by the injection method, Dr. S. G. Gant, Kansas City, Mo.
6. "Prostato-Cystitis," a case, urethrotomy and drainage, Dr. L. D. Jacobs, Emporia.
7. "Surgical Treatment of Strangulated Hernia," Dr. J. T. Axtell, Newton.
8. "Surgical Relief of Retention of Urine Both from Organic and Spasmodic Obstruction," Dr. L. D. Reynolds, Horton.
9. "Some Surgical Cases," Dr. H. Z. Gill, Eldorado.
10. "A Case of Ovariotomy," Dr. J. T. Scott, Holton.
11. "Surgical Pathology," Dr. W. H. Birchmore, Rochester, N. Y.
12. "Some Points in the Management of Railroad Injuries of the Hand," Dr. W. A. Phillips, Salina.
13. A Paper by Dr. A. Brokaw, St. Louis, Mo.
14. A Paper by Dr. Hunter McGuire, Richmond, Va.
15. "A Case of Empyema and the Surgery," Dr. C. A. McGuire, Topeka.

L. H. MUNN, Secretary.

SECTION ON GYNECOLOGY.

1. Address by the Chairman, Dr. M.B. Ward, Topeka.
2. "Menstruation—Is it a Physiological or Pathological Process," Dr.H.S. Roberts, Manhattan.
3. "Restoration and Repair of the Perineum," Dr. J. E. Oldham, Wichita.
4. "Ectopic Pregnancy"—Report of a Case—Dr. J. C. McClintock, Topeka.
5. A Paper by Dr. W. P. King, Kansas City, Missouri.
6. "Vaginal Hysterectomy," Prof. E. E. Montgomery, Philadelphia, Pa.
7. "The Relation of Gynecology to Neurology," Dr. W. B. Dewees, Salina.
8. "Placenta in Abortion," Dr. L. J. Warren, Clay Center.
9. "The Porro Operation, Indications and Results," Dr. Joseph Price, Philadelphia.
10. "Bronchitis," Dr. Theo. W. Peers, Topeka.
11. "Uterine Medication," Dr. L. J. Lyman, Manhattan.
12. "Granulations of The Os," Dr.P.Daugherty, Junction City.
13. "Blood Changes in Pregnancy," Dr. M. R. Mitchell, Topeka.
14. "Operation on the Cervix," Dr. W. R. Priest, Concordia.

A. H. FABRIQUE, Secy.

SECTION ON OPHTHALMOLOGY, OTOLOGY AND RHINOLOGY.

1. Address—By the Chairman, Dr. D. F. Longenecker, Emporia.
2. "The Importance of the early Diagnosis and Treatment of Hypertrophic Rhinitis," Dr. F. M. Daily, Scottsville. Discussion Opened by Dr. W. E. McVey, Topeka.
3. "Acute and Chronic Purulent Inflammation of the Middle Ear Tract and their Complications," Dr. C. M. Halcomb, Winfield. Discussion opened by Dr. Grant Cullimore, Atchison.
4. "Some Phases of Ametropia," Dr. Flavel B. Tiffany, Kansas City, Mo. Discussion opened by Dr. J. E. Minney, Topeka.
5. "Report of a Case in Practice," Dr. C. H. Guibor, Topeka.
6. "Report of Deafness among Children," Dr. Grant Cullimore, Atchison. Discussion opened by Dr. C. W. Halcomb, Winfield.
7. "Nasal and Pharyngeal Medication, or what to apply and how to apply it," Dr.

W. E. McVey, Topeka. Discussion opened by Dr. Hal Foster, Kansas City, Missouri.

8. "Transplantation in Minor Degrees of Entropion," Dr. J. E. Minney, Topeka. Discussion opened by Dr. F. B. Tiffany, Kansas City, Mo.
9. "Hypertrophy of the Pharyngeal Tonsil," Dr. F. B. Browne, Salina. Discussion opened by F. M. Daily, Scottsville.
10. "The Etiology of Nasal Catarrh with special reference to the Deviated Septum," Dr. Hal Foster, Kansas City, Mo. Discussion opened by Dr. C. H. Guibor, Topeka.
11. "Astigmatism," Dr. C. Klippel, Hutchinson.

Owing to a misunderstanding on the part of the officers of the section of medicine, that part of the program is not complete but will be by the next issue of the JOURNAL.

RAILROAD RATES.

One and one-third fare rate has been secured on all roads in Kansas, on the certificate plan. The physician must take receipt of the ticket agent where the ticket is purchased for fare paid, or the reduced rates cannot be secured.

J. E. MINNEY, President.

W. S. LINDSAY, Secretary.

## Reprints Received.

Reprints received during the month of February, 1891: "Remarks on the use of Iodoform, Ether, Glycerine Injections in Septic Cavities;" "Superpubic Lithotomy;" "On the Treatment of Piles;" "Irrigation of the Puerperal Uterus;" "Suppurating Ovarian Cyst;" "Abdominal Surgery," all by Dr. John H. Haynes, associate professor of gynæcology in the College of Medicine of the University of Southern California.

"Obligations of the Medical Profession to Society and the Insane," by O. Everet, M. D., College Hill, Ohio.

"American Academy of Medicine," by S. J. Jones, A. M., M. D., L.L.D., of Chicago, Ill.

THE South Kansas District Medical Society will meet with the State Medical May 13, '91.

## Homœopathy.

In a recent number of the *Kansas City Medical Index* the editor says, "Many regulars prescribe homœopathic remedies." The regular profession uses no homœopathic or alopathic, electic or hydropathic remedy. All remedies, all agencies that find a place in rational therapeutics are regular. It is the limitations that the hybrid schools would place on science that render them irregular and obnoxious. Cures are the only conclusions of science, physiology, etiology, pathology. Medicines only the agencies by which pathological diversions are restored to physiological conditions. As there can be no homœopathic physiology, etiology or pathology there can be no homœopathic remedy and no dogmatic mode of cure. Scientific medicine is broader than *similia similibus*—knocks a bully down because he has knocked down an other man, and, if you hit him hard enough, you may prevent his knocking down a third. That is a common, perhaps an orthodox mode of treatment, but is it scientific? Does it cure his brutality? The thought is too narrow for the ethics of morality. It sees only the nearest link. Symptoms are the result of pathological conditions, and in treatment are only observed as indicating pathological expressions. Remove the substance and the shadow disappears. The treatment of shadows by shades and shadows is a good illustration of *similia similibus*. It is not the symptoms of a pathological expression, but the expression, the differentiation that scientists seek to remove, and science does not restrict itself to particular agents, doses or methods. She simply asks how? why?

It may or may not be true that a medicine that produces a similar pathological expression will remove the existing pathological diversion, and that its effect being transient when it is gone, all is gone. It may or may not be true that subdivision develops dynamic force—spiritual power in medicine, so that according to Hahnemann the thirtieth dilution is the proper dose of the properly selected remedy in all cases acute and chronic. But, is the science of medicine thus easily exhausted?

Gatchell, one of the most intelligent and

honest of his school says, "Wonderful as it is, homœopathic law does not cover everything, it is applicable to a very small part of the field of medicine." Yet the average homœopath would make acceptance of his exclusive dogmas a test of fellowship, and with his narrow thought of the great science of biology every where clamors for recognition in public institutions. But, ah! says his more advanced fellow, we no longer believe in the principles of Hahnnemann, no longer adhere to dose, and as to the law of selection we admit that it "applies to very small part of the field of medicine." Very good. Then in assuming an exclusive practice and shiboleth does he not vend and utter deliberate falsehood?

"To thine own self be true, and thou canst not be false to any other man."

## Coca.

Coca—Its preparations and their therapeutical qualities, with some remarks on the so-called cocaine habit. William A. Hammond M. D., of New York, read a paper on the above subject before the Virginia State Medical Society at Richmond. In his remarks the doctor says, "I have employed three preparations of the coca leaves—the fluid extract, the wine and the hydrochlorate of cocaine—of all the preparations he gives preference to the wine of coca as prepared by the Health Restorative Company, of New York. He says the wine used in its manufacture is the juice of the grape uncontaminated by foreign substances. The coca wine made by this firm is pleasant to the taste and the proportion of cocaine is large enough to give a medium dose, about the sixth of a grain, to each wine glass full. He says it is beneficial in all cases of *spinal irritation*, and especially so in those in which there is that distressing irritability of the stomach that is so frequently one of the phenomena of the disease. Not only in spinal irritation is the wine of coca beneficial, but in all instances in which it is desirable to increase the vital powers, coca appears to be the one agent that can be thus employed without fear of the depression that so generally follows the use of other stimulants. As a tonic to the vocal apparatus in which fatigue follows the excessive use of the voice, it possesses great value.

## Popular Faith in Alteratives.

Since the nature of the action of this class of remedies is to some extent as yet undetermined and obscure. They are necessarily prescribed empirically. To this fact is perhaps due the promiscuous use by the public, not infrequently with the endorsement of physicians, of a host of nostrums of no real medical value. Many of these have an enormous sale—indicative not so much of their worth as of the general belief in the necessity for the use of what are popularly termed "blood purifiers." Spring is the season when these are most generally resorted to.

When we consider that there is no condition of disease at some stage of which tonic alteratives are not indicated, it will be appreciated that next to agents such as opium and quinine, the action of which is specific, no class of remedies are more frequently demanded.

Messrs. Park, Davis & Co., supply under the name of syrup trifolium compound, an alterative formula containing red clover, stillingia, cascara amarga, burdock root, poke root, prickly ash bark, berberis aquifolium, all valuable vegetable alteratives, with or without potassium iodide. This has been used by physicians with much success in all conditions requiring alterative treatment.

We acknowledge the receipt of the program of the Golden Belt Medical Society. It is a beauty in every respect and speaks taste for the secretary. We append it below.

The regular quarterly meeting of the "Golden Belt Medical Society" for the annual election of officers, and mutual entertainment of the profession, will be held in the Club Rooms of the National Hotel, Topeka, Kansas, April 9, 1891. The large attendance in the past bespeaks a thriving condition of the society, and a larger attendance is desired at this, our most important meeting of the year. Come, bring your friends and join with us. Opportunity is here offered for volunteer

papers, reports of cases, etc. All those attending are requested to register at the "National" upon arrival. Fraternally yours,

F. B. BROWME.
Secretary.

SALINA, KANSAS, March 14, 1891.

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PROGRAMME.

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AFTERNOON SESSION—4 O'CLOCK.

1. General Order of Business.
2. "Report of a Case of Nymphomania with Treatment." L. R. KING, M. D., Junction City.
3. "Report of some Cases of Cystitis with Treatment." J. H. GAREY, M. D., Wilsey.
4. Report of a Case. C. H. GUIBOR, M. D., Topeka.

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EVENING SESSION—8 O'CLOCK.

1. "Some Recent Improvements in Intestinal Surgery, with Demonstration upon Dog." EMORY LANPHEAR, M. A., M. D., Kansas City, Mo.
2. "Phimosis, Local and Remote Results." A. H. CORDIER, M. D., McPherson.
3. "Peri-Uterine Inflammation," CHAS. W. ADAMS, A. M, M. D., Kansas City, Mo.
4. Annual Address by the President. P. DAUGHERTY, M. D., Junction City.

FOREIGN DIPLOMAS.—The action of the Illinois State Board of health has been subjected to unfriendly criticism because it has required a satisfactory examination by the holders of certain foreign diplomas. As these diplomas do not admit to practice in the countries where they are issued, and as from 30 to 40 per cent. of these graduates were rejected by the Prusian Staats Examiner Commissioner; is life so cheap in America that they should be admitted to practice here without question. Why should a diploma from any college over which a State has no control admit to practice within its jurisdiction? If its holder passes the qualifications for which it vouches an examination is no hardship.

THERE is strong suspicion that the lymph supposed to be Koch's lymph used at Cincinnati, is not genuine. Can such baseness be, and go unpunished?

## LITTLE THINGS.

Do not miss the Wichita meeting of the State Medical Society.

DR. C. KLIPPEL of Hutchinson, Kas., was a capitol visitor in March.

DR. MORGAN of Riley, Kas., was a welcome visitor to the JOURNAL office last month.

WICHITA can boast of having the only pathological society that meets every night.

DR. CANNON of Smith Center, was a welcome visitor to our sanctum last month.

DR. HORNADAY of Rock, Cowley Co., Kansas, paid his compliments to the JOURNAL last month.

DR. UHLS returned from Texas. He is delighted with the climate of Kerrville as a health resort for consumptives.

OUR genial friend Dr. L. A. Buck of Peabody, called to see us recently. He was wrestling with the farmer legislature.

DR. A. B. SELLARDS, of Scranton, took in the Stanley lecture and cracked a few jokes for our amusement last month.

DR. SCHNEBLEY, professor of chemistry in the Kansas Medical College, has returned from his sojourn in Ohio looking like a new man.

DRS. W. J. VAN EMAN, W. W. Walter and W. D. Bidwell of Leavenworth, have been appointed pension examining surgeons at that place.

THE Wichita physicians are making preparation for four hundred doctors at the next meeting of the State society. See program so far as completed.

DR. W. D. BIDWELL of Leavenworth, was the guest of the University club, at the reception given to President Eliot of Harvard University in Kansas City, March 4.

THE Albany *Medical Annals* gives 169 ways of misspelling pterygium, purported to have been taken from as many letters received by the governmental department at Washington.

THE various annual commencements of the medical colleges are upon us reminding us of the fact that a new lot of physicians are soon to take their place with us in the field of medicine. Not equal with the gray headed mature

physician in practice, but his equal if not his superior in theory and the principles of medicine.

DR. SOLOMON SOLIS-COHEN declares the use of Koch's remedy in phthisis a practice full of danger.

SEE the program of the Golden Belt District Medical Society in this number of the JOURNAL, and govern yourself accordingly.

THE Parsons College of Physicians and Surgeons and Medical Society, is the latest medical venture in Kansas. Success to the effort.

DR. MUSGRAVE of Cambridge, Kas., was a witness in the Coffey county dynamite investigation, before the legislative committee, and stole away long enough to see a live mast fed medical editor.

AN entire new board of examining surgeons has been appointed for the Smith County Pension Board, consisting of Drs. O. P. Daly and Willis Cannon of Smith Centre, and Dr. W. C. Bower of Lebanon.

IODINE, belladonna, menthol and capsicum should be rubbed up with ether as a menstrum in medicament for the skin. The quick evaporation of the ether gives a grateful sense of coldness, which acts as an analgesic.

THE Eastern Kansas District Medical Society will meet as per date and place indicated by the program. This is the annual meeting and officers for the ensuing year will be elected. The program is a good one and the meeting will be a profitable one.

DR. F. W. LANGDON of Cincinnati, Ohio, in a paper read before Walnut Hills Medical Society November 26, gives benzine a high place as a germicide, a destroyer of all low forms of animal and vegetable life; as an excellent application for all forms of skin disease of a parisitic character. As in "jiggers" or "chigers" these are a pest in this country and benzine will be found an effectual means of cure.

A ONE and one-third fare on the certificate plan for the round trip, from points in Kansas and Kansas City, Mo., has been agreed upon by the following Kansas Roads: A. T. & S. F. R. R.; Burlington & Missouri River; Rock Island; Missouri Pacific; and Union Pacific. We hope to have the same rates from points in Indian Territory. W. S. Lindsay will give specific direction in the next issue of the JOURNAL.

THE JOURNAL does not usually devote any of its pages to politics, or legislation, but we feel like saying this much, that the present legislature has been a particularly interesting one in many respects. As in previous winters the bill introducing—each member clamoring at the top of his voice to be heard with his very important bill—was just as multitudinous as ever. Few bills however were passed. Investigation of statutory law was the order. With eagle eye, each new member was on the alert for fraud and reduction of appropriations.

THE Kansas Medical College closed its first term March 20, 1891, with a banquet by the faculty to the students at the Copeland hotel. There were twenty-three matriculates (three ladies,) but no graduates. Owing to the literary requirements for entering the school, the class stood a rigid examination for promotion to the second and third year's courses, creditable to any medical school. Inquiries for catalogues are being made already for the fall term and the physicians of the State are beginning to look upon the school favorably, and will patronize the school since they have become convinced that the requirements are strictly lived up to.

THE next meeting of the Eastern Kansas District Medical Society will be held in Lincoln Post hall April 14, 1891, at 8 o'clock P. M. The following is the

PROGRAMME.

1. "A Case ef Picrotoxin Poisoning, with Remarks," EDWIN B. SHAW, M. D., Osage City.
Discussion opened by W. S. Lindsay, M. D., Topeka.
2. "The Expert Witness—His Legal Rights and Remedies," M. H. CAZIER, M. D., Topeka.
Discussion opened by Chas. L. Gleed M. D., Topeka.
3. "The Metric System in Medicine and Pharmacy." W. D. BIDWELL, M. D., Leavenworth.
Discussion opened by S. E. Sheldon, M. D., Topeka.
4. "Albuminuria," W. A. WILLIAMSON, M. D., Topeka.
Discussion opened by L. Reynolds, M. D., Horton.
5. "Empyema," W. R. ROUP, M. D., Lebo.
Discussion opened by S. G. Stewart, M. D., Topeka.
6. The President's Annual Address—"The Physician as a Citizen." M. B. WARD, M. D., Topeka.

DR. M. B. WARD, Pres.

DR. W. D. BIDWELL, Secy.

DR. W. D. BIDWELL, A. M., M. D., of Leavenworth, Kas., has removed to Washington, D. C., and Dr. W. R. VanTuyl of Fairmount, Kas., will take his place. Dr. Bidwell's temporary address is 1404 Massachusetts Ave. He will go to Europe this summer and engage in active practice in the Capital City, on his return.

We are sorry to lose the doctor. He was one of the leading physicians in Kansas, a member of the State Medical Society, president of the Board of Directors of the KANSAS MEDICAL JOURNAL and associate editor, and secretary of the Eastern Kansas District Medical Society. The doctor is a typical medical gentleman in every respect, a hard student and a successful practitioner. Kansas when called upon is always ready to sacrifice her own interests for the good of the country. We could ill afford to spare Judge Brewer or Dr. Bidwell. We know our loss will be their gain; and believe no height to which they may attain will so dazzle that blessed faculty, memory, as to erase from its tablet the imprint of their Kansas home and people.

DR. TIFFANY of Kansas City, Mo., has sent us the prescription for the cure-all so much lauded by the public press—"Actina":

| | | |
|---|---|---|
| "R. Menthol crystals | ʒi | |
| Alcohol | ℥ss | |
| Ether sulph. | ℥i | |
| Oil mustard | ʒij | M. |

Large enough sponge to fill an ounce bottle, wide mouth, with screw top. The preparation can be used as an inhaler several times a day with safety. In iritis and some forms of inflammation of the eye, it absolutely works harm if applied too long."

W. S. HARVEY of Salina, Kas., has sent out a reprint and a letter, the latter reflecting on the editor of the JOURNAL. We were represented at the meeting H. speaks of by proxy and our proxy made a mistake in asking for the paper as you will observe by reading the report of the case on page 3 of the reprint. Read and reflect, and you will see why we did not care to publish H's paper.—ED.

MR. ROBINSON of the firm of Swift and Holiday, Topeka, will have a splendid display of surgical instruments at the Wichita meeting of the State Medical Society.

DR. W. L. SCHENCK has received direct from Dr. Koch through the courtesy of the U. S. Minister at Berlin, a package of Koch's Lymph. Assisted by Drs. Stewart and Alexander, they will try it upon properly selected cases of lupus and tuberculosis.

ROOSEVELT HOSPITAL, New York, has brought suit against the elevated railroad for $100,000, on account of damage to the institution done by the noise of the trains.

THE *Dietetic Gazette* is now edited by Dr. Simon Baruch, of New York city, and is published monthly. Its pages contain much that is interesting and practical.

DR. G. BOYD of Newton, Kas., is attending his sick mother at Cincinnati, Ohio.

ROTTER'S ANTISEPTIC.—

| | | |
|---|---|---|
| R. Chloride of zinc. | | |
| Sulpho carbolate of zinc. | aa grs. | 45 |
| Boracic acid | grs. | 27 |
| Chloride of sodium | grs. | 2½ |
| Salicylic acid | grs. | 6 |
| Citric acid, thymol | aa grs. | i |
| Water | pt. | 1 M. |

Used for irrigation and compresses.—*Merck's Bulletin.*

## BOOK REVIEWS.

MEN WHO ADVERTISE and need a new idea now and then, or who have not always the time or inclination to prepare their advertisements, will find a valuable assistant in the novel book of "Ideas for advertisers" just published by D.T. Mallett, New Haven, Conn., and sent on receipt of $1.00, post paid. He also publishes a tasty pamphlet called "When," (price 25c,) a treasury of good advice to business men. Descriptive circulars of both these new books can be obtained upon request to the publisher.

WE have received from F. A. Davis, publisher, Philadelphia and London.

Text Book on Hygiene, by Geo. H. Rohe, M. D. Heredity, Health and Personal Beauty, by John V. Shoemaker, A. M., M. D., and Diabetes by Charles W. Paidy, M. D., which we will review in our next number.

## MEETINGS OF STATE MEDICAL SOCIETIES FOR 1891.

ARRANGED IN THE ORDER OF THEIR OCCURRENCE.

| STATE. | SEC'Y. NAME AND RESIDENCE. | PLACE AND DATE. |
|---|---|---|
| New York (Society) | F. C. Curtis, Albany, | Albany, February 3-5. |
| South Carolina | W. P. Porcher, Charleston, | April. |
| Florida | J. W. Fernandez, Jacksonville, | Pensacola, April 14-15. |
| Tennessee | D. E. Nelson, Chatanooga, | Nashville, April 14-16. |
| Alabama | T. A. Means, Montgomery, | Huntsville, April 14-17. |
| Mississippi | W. E. Todd, Jackson, | Meridan, April 15-17. |
| Georgia | K. P. Moore, Macon, | Agusta, April 15-17. |
| Iowa | C. F. Darnall, West Union, | Waterloo, April 15-17. |
| California | W. W. Keer, San Francisco, | Sacramento, April 21-23. |
| Montana | J. W. Gunn, Butte City, | Helena, April 24-25. |
| Maryland | G. L. Teneyhill, Bastimore, | Baltimore, April 28-30. |
| Texas | F. E. Daniel, Austin, | Waco, April 28-May 1. |
| Arkansas | L. P. Gibson, Little Rock, | Hot Springs, April 29-May 1. |
| Kentucky | S. Bailey, Stanford, | Lexington, May. |
| Washington | C. L. Flannigan, Olympia, | Seattle, May 6-8. |
| Missouri | J. C. Munhall, St. Louis, | Excelsior Springs, May 12-14. |
| Indiana | F. S. Elder, Indianapolis, | Indianapolis, May 13-15. |
| Kansas | W. S. Lindsay, Topeka, | Wichita, May 13-16. |
| Illinois | D. W. Graham, Chicago, | Springfield, May 19-21. |
| West Virginia | J. L. Fullerton, Charleston, | Fairmont, May 20-22. |
| North Carolina | J. M. Hays, Oxford, | Asheville, May 26-29. |
| Connecticut | N. E. Wordin, Bridgeport, | Hartford, May 27-26. |
| Pennsylvania | W. B. Atkinson, Philadelphia, | Reading, June 2-5. |
| Wisconsin | J. R. McDill, Milwaukee, | Madison, June 3-5. |
| Oregon | C. C. Strong, Portland, | Portland, June 8-10. |
| Delaware | W. C. Pierce, Wilmington, | Rehoboth, June 9-11. |
| Maine | O. W. Stone, Camden, | Portland, June 9-10. |
| Massachusetts | F. W. Goss, Roxbury, | Boston, June 9-10. |
| South Dakota | R. C. Warne, Mitchell, | Chamberlain, June 10-12. |
| Rhode Island | W. R. White, Providence, | Providence, June 11-12. |
| Michigan | C. M. Hitchcock, Detroit, | Saginaw, June 11-12. |
| New Hamsphire | G. P. Conn, Concord, | Concord, June 15-16. |
| Colorado | H. W. McLaughlin, Denver, | Denver, June 16-17. |
| Ohio | G. A. Collamore, Toledo, | Put-in-Bay, June 17-19. |
| Minnesota | C. B. Witherle, St. Paul, | Minneapolis, June 18-20. |
| New Jersey | W. Pierson, Orange, | Long Branch, June 23-24. |
| Vermont | D. C. Hawley, Burlington, | Burlington, October 15-16. |
| Virginia | L. B. Edwards, Richmond. | Lynchburg, October 27-29. |
| New York (Association) | D. D. Ferguson, Troy, | New York, October 28-30. |
| Louisiana | P. B. McCutchon New Orleans, | |
| Nebraska | M. L. Hildreth, Lyons, | Lincoln. |
| Idaho | | |
| Wyoming | | |
| North Dakota | | |

## NATIONAL ASSOCIATIONS.

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| American Med. Ass'n. | W. B. Atkinson, Philadelphia. | Washington, May 5-8. |
| Mississippi Valley Medical Association | E. S. McKee, Cincinnati, | St. Louis, October 1. |
| National Association of Railway Surgeons. | C. B. Stemen, Fort Wayne. | Buffalo, May 7-9. |

# MEDICAL MISCELLANY.

## Depressed Fracture—Recovery without Operation.

October 26, 1890, George W., eight years of age, fell from the bare back of a horse on which he had been riding at a rapid gait and was struck in the head by the horse's hoof. He was partially stunned and was at once carried into a drug store from which he was removed to his home in about ten minutes. The pupils were normal, there was some hemorrhage from the left ear and a depressed fracture about one and a half inches long and three-fourths of an inch wide at the superior and posterior portion of the left parietal bone. The scalp however, was unbroken. The pulse fairly good and seventy beats to the minute. On reaching his home he was immediately put to bed and an ice-cap applied to the head. Shortly after being put to bed he called for a basin and vomited a little blood.

During the night he vomited frequently, in all about one-half pint of blood and there was perhaps half a teacupful of blood that escaped from the left ear. He was also slightly delirious at times, but quieted down when blood escaped from the ear.

The morning of the 27th his temperature was 100°, pulse 80, eyes and general appearance nearly normal and mind perfectly clear. He complained of headache in the frontal region and vomited everything that was swallowed. He was given a Seidletz powder which moved the bowels thoroughly and was allowed small quantities of milk and lime water.

The evening temperature was 100°, pulse 100, but mind clear and resting well.

During the night the fever rose quite high and he was delirious for a short time, but a free escape of blood from the ear relieved these symptoms and he fell asleep.

The morning of the 28th his temperature was 99°, pulse 80, appearance good and had kept down a little toast, water and milk and lime water.

October 20, the pulse was 80, temperature 99°, but the respirations were of a sighing nature and he was very restless all the nights of the 28th and 29th.

During the following night and day his condition was good, but the nights of the 29th and 31st he was very restless and the frontal region became very prominent and was very painful until about five o'clock in the morning when a profuse discharge of fluid and clotted blood took place from the nose giving almost complete relief.

From this time on the condition of the boy steadily improved and he made a perfect recovery without any untoward symptoms. Of course he has a depressed fracture and trouble may or may not supervene, but under the circumstances his rapid improvement was rather surprising.

A singular coincidence in the case was that an older brother had been injured a year previously on the railroad, his scalp being nearly torn off, skull badly fractured and a portion of the brain tissue was removed as also a part of the skull, yet he too had recovered entirely and is now in good health.

W. D. BIDWELL, M. D.

LEAVENWORTH, KANSAS.

## Obstetrics and Gynecology.

BY E. S. M'KEE, M. D., CINCINNATI.

Hysteria, the provocative agents which lead to its manifestation, is the title of a book by Georges Guinon, Paris, published by *Le Progres Medicale*. Eighty-five cases are the basis of this study. The exciting causes are very numerous—emotional shock, education, imitation, attempts at hypnotism, nervous shock, trauma, earthquakes, lightning stroke, general and infectious diseases, typhoid fever, pneumonia, scarlet fever, acute articular rheumatism, diabetes, malaria, syphilis, debilitating states, hemorrhage, overwork, onanism, venereal excesses, anæmia and chlorosis, chronic intoxications, lead, mercury, alcohol, sulphide of carbon, &c., diseases of the genital organs, pregnancy and parturition, certain nervous diseases, multiple sclerosis, tabes, Fredereich's disease, ataxia, primary myopathy and Pott's disease. The work is clearly and convincingly written, and the wealth of clinical material mostly from La Salpatiere, adds greatly to its value. Like most of the

pupils of Charcot and Salpatiere, he finds hysteria much more frequent than do others.

"Drainage after Abdominal Section," was the subject of a paper by Dr. Ernest W. Cushing, of Boston, before the International Medical Congress at Berlin. As is the case with all of this gentleman's writings, the subject was handled in a very able and thorough manner. After discussing the frequency of the use of drainage in England and America, and the absence of the same on the continent, he followed by a general discussion of drainage and tubes. He described his own method of drainage as follows:

"When the patient is in bed a piece of rubber tubing about eighteen inches long, with a lateral opening close to the lower end, is introduced into the glass drain until it reaches the bottom of the latter. All fluids which can be extracted by the aid of a syringe is then removed, the rubber tube remaining in place. Everything about the dressings being now made dry and clean, the upper end of the drain is covered with clean crumpled gauze, which is enfolded in a piece of rubber dam, and from this emerges the end of the piece of the small rubber tube which runs down through the glass drain. The nurse has directions to suck at the outer end of this rubber tube without disturbing its position, by means of a small syringe every ten minutes at first, and afterwards every quarter or half an hour, according to the amount of fluid which is obtained. In this way a large amount of bloody fluid is often obtained while the patient is not disturbed in the least, and serious hemorrhage is at once detected. After eight or ten hours the rubber tube is removed, and the glass drain is carefully dried by means of a wire wrapped with absorbent cotton. Then a rope of loosely twisted absorbent cotton is pushed down to the bottom of the drain by means of a wire, or a roll of gauze may be used instead of the rope. This remains in place two hours, and is replaced by another which remains a longer period, till the intervals are increased to three hours or more, as the secretion diminishes. When the secretion becomes scanty and straw colored, on the third day if all goes well, it is time to withdraw the glass tube. He introduces the clean rubber tube through the glass drain and withdraws the latter, slipping it up over the former, so that when the glass is out the rubber tube is left in its track. This is then pulled up an inch or two, cut off flush with the dressings and fastened with a safety-pin. It is shortened half an inch morning and evening till it is finally all removed. If everything has been kept clean there is no trouble about the healing of the wound, and no tendency to the formation of fistula. The main thing is to prevent the accumulation of fluid in the peritoneal cavity. If the drain is so placed as to prevent this, the patient will recover even after the most gruesome operations. On the other hand, if the fluid accumulates and the peritoneum fails to absorb it for any reason, the patient will surely die in spite of all the refinements of antisepsis."

"Two Cases of Tubal Pregnancy," were reported by Dr. Edwin Walker, of Evansville, Indiana. The author expressed his opinion that as the present status of the question is, that with the class of symptoms presented in his cases and others, laparatomy was the safest procedure to adopt.

"A Case of Ectopic Pregnancy," was reported by Dr. R. R. Kime, of Petersburgh, Indiana. This was of four years' and three months' duration, and was complicated by an entero-uterine fistula.

"A Series of Delayed Operations for the Removal of Ovarian Tumors," is the subject of a report by Dr. Rufus B. Hall, of Cincinnati. The doctor reported these cases, not for the percentage of recoveries, but that we might learn the necessity of operating early so as to save our patients, and not allow them to become desperate cases as these were. Delayed operations for ovariotomy means that we have feeble patients, grave complications and a high mortality, while early operations are the reverse. The operation was not made in any of the seven cases till the patient could not longer tolerate her existence, or was doomed to speedy death, not from any fault of the attending physician but from the patients own neglect, because of the fear of an operation. He reported this group of delayed cases to show that a large per cent of the delayed cases die, and those which recover are

exposed to unnecessary risk, which they would not have if operated early. The time to remove an ovarian tumor is when it is discovered. No delay in these cases, should be the cry of every physician in the land, and we should see no more of such cases as make the subject of this paper. We must teach that early operations are safe operations, and late ones are dangerous.

"Exercise in Pelvic Diseases of Women," is the subject discussed by Dr. J. H. Kellogg, superintendent of the Battle Creek Michigan Sanitarium. The doctor, from his immense experience in the treatment of diseases peculiar to women, is quite capable of speaking on this subject. The doctor, in his observations, has found that the defective muscular development is a prime factor in the etiology of a large number of the pelvic disorders to which civilized women are subject. The mode of dress, as commonly found among civilized women, is a cause of deficient and symmetrical muscular development. He has found this dress productive of such disturbances of the relations and functions of the abdominal and pelvic viscera, as lead directly to the production of functional and structural changes in the uterus and its appendages. That properly graduated exercises, in his opinion, with adjustment of clothing, will permit free and unrestricted movements of every group of muscles in the body, are of great importance in the management of a large class of pelvic disorders.

"The Constant Galvanic Current in Gynecology," was the subject discussed by Dr. Apostoli, of Paris, at the International Congress at Berlin. The following points are gleaned from a copy of the paper sent me by the author:

"The constant galvanic current finds its principal indication in endometritis and fibroma. It is sovereign against amenorrhœa, dysmenorrhœa and metrorrhagia; a powerful agent in arresting the evolution of benign neoplasms, and in aiding in the absorption of peri-uterine phlegmasiæ, and in certain catarrhal ovaro-salpingites, but is inefficacious and even injurious in high doses, especially if the intra-uterine pole is negative, against the suppurative phlegmasiae of the appendages."

A valuable means of diagnosis in determining the existence and nature of unknown or merely suspected peri-uterine liquid accumulations is the variable intolerance of the current; this will increase with the inflammatory state of the appendages. The fundamental basis of Apostoli's method are high galvanic applications above fifty milliamperes. The intra-uterine applications must remain the preferable method, according to the author, because it utilizes the maximum of the current and the antiseptic action of the positive pole, because it conduces to the diminution of pain, and assures greater efficacy in increasing the applied intensity and of the induced sanguinous irrigation. Vaginal galvano-punctures aid the intra-uterine therapeutics in better localizing the galvanic action. The innocuousness of his intra-uterine therapeutics is established by numerical statistics collected all over the world are his own especially. From July 1882 to July 1890 he has made 11,499 galvanic applications, viz.: 8,177 positive intra-uterine galvano-cauterizations, 2,486 negative ditto; 222 positive vaginal galvano-punctures, 614 negative ditto. He has treated 912 patients comprising 331 fibromata, 133 simple endometrites, and 240 endrometrites complicated with peri-uterine phlegmasiæ; 313 fibromata, 70 simple endrometrites, 163 endrometrites complicated, were seen in clinique; 216 fibronata, 63 simple endometrites, 85 complicated endometrites were treated in office or city. He has had 3 deaths attributable to perative errors, 2 galvano-punctures, 1 for sub-peritoneal fibroma, the other for an ovaro-salpingitis, and one galvano-cautery for ovarian cyst mistaken for a fibrona. He has seen 30 cases of pregnancy occur after intra-uterine galvanic applications. The paper was very well received and extensively discussed.

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DR. CHAS. T. PARKS, professor of surgery in Rush Medical College, died of pneumonia, Friday, March 27.

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DR. S. S. STRONG, of Saratoga, New York, proprietor of Stong's Sanatarium, died in February, aged 78 years.

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DR. JOHNSON, of Chicago, died of grippe last month.